

Membership Application

Annual membership is from January 1 – December 31 of each year. An invoice for your membership dues will be emailed to you upon approval of your completed application. Dues will be pro-rated based on enrollment date.

MAIN FIRM MEMBERSHIP:

Firm Name: _____

Contact Name: _____ Owner (if different): _____

Funeral Home Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Mailing Address (if different): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Telephone: _____ Cell: _____ Fax: _____

E-mail: _____ Website: _____

BUSINESS ORGANIZATION:

To be eligible for OGR membership, funeral homes must be independently owned (may not be owned, managed or controlled by a publicly traded or private equity corporation).

Is the funeral home applying for membership independently owned? Yes No

What year was the firm founded? _____

What year did present management take control? _____

MAIN FIRM OWNERSHIP & MANAGEMENT:

Name of Personnel	Title	% of ownership	Active in firm?	Lic. # of Embalmer/ F.D.

AFFILIATE MEMBERSHIPS:

All affiliate firms that are owned and managed by your main firm and are within 100 miles of this firm may also be included with your membership. If you operate more than one affiliate location, please list on separate sheet.

Affiliate #1

Firm Name: _____

Contact Name: _____ Owner (if different): _____

Funeral Home Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Mailing Address (if different): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

Affiliate #2

Firm Name: _____

Contact Name: _____ Owner (if different): _____

Funeral Home Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Mailing Address (if different): _____

City: _____ State/Province: _____ ZIP/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail: _____ Website: _____

CASE VOLUME

Please indicate the number of cases for the past fiscal year, not including advances. Include affiliate firms in the total volume. _____

Completion of this application does not guarantee membership in OGR. I certify that all information provided is correct. I understand that by providing the above information, I consent to receive communications sent by and/or on behalf of The Order of the Golden Rule, via regular mail, telephone or email. I agree to abide by the Golden Rule Standards of Ethical Conduct available at www.ogr.org/about#Ethics

Signed: _____ Date: _____



Order of the Golden Rule

3502 Woodview Trace, Ste. 300, Indianapolis, IN 46268
P (512) 334-5504 | (800) 637-8030 | www.ogr.org | Fax (512) 334-5514