

THURMOND FAIRVIEW CEMETERY ASSOCIATION
Membership Form

Membership dues of \$25.00 per person entitle you to Lifetime Membership in the Association with full voting rights. Your membership may not be transferred to any other individual. A receipt will be mailed to you upon receipt of payment. Membership is restricted to Thurmond Fairview Cemetery lot owners, their spouses, children and/or descendants. Individuals who have another family relationship to the lot owner require approval of the Thurmond Fairview Cemetery Association Board of Directors.

Date: _____

Your Name: _____
Last First Other Name(s)

Relationship to Lot Owner (check one):

- I am the Lot Owner.
- I am the Spouse of the Lot Owner.
- I am the child or descendant of the Lot Owner.
- Other relationship to Lot Owner: _____
Explanation (Subject to approval by TFCA Board of Directors)

If you are not the Lot Owner, please list the name of the Lot Owner:

Lot Owner's Name: _____
Last First

Lot Number (if known): _____

Your Mailing Address: _____
Street

City State Zip

Your Email Address: _____

Home Phone: _____ **Other Phone:** _____
Area Code – Number Area Code – Number

Signature

Return this completed form along with payment of the membership fee to:
TFCA, 2201 Long Prairie Rd., Suite 107-709, Flower Mound, TX 75022-4832

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Cemetery Association Representative: Attach this form to the "Receipt of Sale for Cemetery Lot(s) and Association Membership Fee(s)" and return all completed forms and payment to TFCA Treasurer.