



# Auxiliary Membership Application

As an auxiliary member for \$150 annually, you are invited to participate in all member activities. Your membership includes:

- Subscription to the award-winning *The Independent* magazine.
- Annual *Resource Guide* — your one-stop place to find members, member services, Golden Services Group co-op buying group, educational events, committees, and Board of Directors.
- Member rate at any OGR event — Educational Seminars, Annual Conference, Audio seminars and more.
- Access to OGR website, [www.ogr.org](http://www.ogr.org).

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Former Affiliation:

Your former affiliation with OGR member firm:

- Owner       Spouse of the principle owner       Former employee

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

How long were you affiliated with the member firm: \_\_\_\_\_ years

### Personal References

Please provide two personal references within the funeral profession:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

**Over Please**

## Auxiliary Membership Confirmation

I verify that all statements contained in this application are true. I further verify that I fulfill the criteria for auxiliary membership and no longer actively participate in the funeral profession.

I understand that by providing the above information, I consent to receive communications sent by or on behalf of The International Order of the Golden Rule, via regular mail, e-mail, telephone or fax.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Annual Dues and Payment Method:

**Annual Dues are \$150. Please choose your payment method.**

- Check — made payable to: The International Order of the Golden Rule  
 Credit Card —       Visa               MasterCard               American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorization Code (3 to 4 digit number appearing on the back of card) \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

*Please return your application in the enclosed business reply envelope.*

*Thank you for your membership!*



International Order of the Golden Rule  
Membership Department  
3520 Executive Center Drive, Suite 300  
Austin, Texas 78731  
(800) 637-8030