

**Principal Applicant:**

First Name:	Last Name:	Gender (M/F):	Date of Birth (yyyy/mm/dd):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		SIN :	ID (Name / No):
Address:			
City:	Province:	Postal Code:	
email:	Cell Phone:	Home Phone:	

**Spouse:**

First Name:	Last Name:	Gender (M/F):	Date of Birth (yyyy/mm/dd):
Address if different:		SIN :	ID (Name / No):
email:	Cell Phone:	Home Phone:	

**Next of Kin (Other than Spouse):**

Name:	Relationship:	Cell Phone:
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**List of Children:**

First Name	Last Name	Date of Birth (yyyy/mm/dd)	Gender
			<input type="checkbox"/> F <input type="checkbox"/> M
			<input type="checkbox"/> F <input type="checkbox"/> M
			<input type="checkbox"/> F <input type="checkbox"/> M
			<input type="checkbox"/> F <input type="checkbox"/> M
			<input type="checkbox"/> F <input type="checkbox"/> M

**Memorandum of Understanding:**

I, the undersigned, \_\_\_\_\_ do hereby confirm that I have read and gone through the contents of ICC Funeral Financial Support Services (ICC-FFSS) documents carefully, understood the concept of ICC-FFSS and as an acknowledgement of confirmation and understanding, I am signing this document giving my consent to become a member of ICC-FFSS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY:**

Total Membership Fees: \$ _____	Payment Type:	<input type="checkbox"/> Debit	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	Cheque No. _____
		Receipt No. _____		Cheque Date: _____	