

HOPE EASY FUNERAL
APPLICATION FORM

Photo

(Please attach a
passport size
recent colour
photo)

1. **NAME:** Family Name:

Given Name:

2. **DATE OF BIRTH:**

3. **GENDER (CIRCLE ONE)**

☐ MALE ☐ FEMALE

4. **CONTACT NUMBER**

MOBILE: HOME:

WORK: EMAIL ADDRESS:

5. **ADDRESS**

A. HOME ADDRESS:

Street number and name:

Suburb Name: Post Code: STATE

B. MAILING ADDRESS (IF OTHER THAN HOME ADDRESS):

Street number and name:

Suburb name: POST CODE: STATE

C. EMERGENCY CONTACT:

(PLEASE TICK ONE OR TWO (RELATIVES/FRIEND SPECIFY THE RELATIONSHIP))

Name and Phone number (1):

Name and Phone number (2):

D. Next to Kin:

Please tick one (relatives/friend specify the relationship)

Name and phone number (1):

Name and phone number (2):

6. **MEMBERSHIP TYPE:**

☐ Life member ☐ General member

7. PAYMENTS:**A. LIFE MEMBER:**

- (1) One off payment \$10,000 (ten thousand dollars)
- (2) Do not have to pay monthly fee or any fees

B. GENERAL MEMBER:

- (1) Joining fee \$100 (once only if not expired or suspended the membership)
- (2) Monthly project membership fee \$5.00 will take place on the 1st working day of each month
- (3) Needs to pay \$30.00 (thirty dollar) when a member passes away

8. PROOF OF IDENTITY

- (a) Drivers' licenses, (b) Passport, (c) Citizenship certificate (d) Birth Certificate
(Please attach a photocopy of one of these documents)

a. ATTACHMENTS:

- A. Please attach 2 current passport size photographs
- B. Photocopy of driver's license or passport or citizenship certificate
(Please attach photocopy of any one of these documents)

b. DECLARATION:

I CONFIRM THAT I HAVE READ AND UNDERSTAND ALL THE TERMS AND CONDITIONS OF THE HOPE **EasyFuneral** PROJECT. INCLUDING MY RESPONSIBILITIES IN THIS FUNERAL DISCLOSURE STATEMENT. AS A MEMBER OF THIS PROJECT I AGREE TO BE BOUND BY THE TERMS AND CONDITION OF **HOPE EasyFuneral**.

Applicant's signature: _____ DATE: _____

OFFICE USE ONLY

Proposed by: _____
(Name of any member of the committee) Signature Date

Payment received by
Treasurer's signature _____ Date _____

Approved by chair of the executive committee meeting:

Name: _____ Signature _____ Date _____