



MEMBERSHIP FORM
LOCAL FUNERAL WARRANTY

I, THE UNDERSIGNED : Female Male

Name and Surname: Date of birth:

Address:

Postal code: City/Town: Country:

Telephone: Email address:

Country and city of funeral:

I WOULD LIKE THAT MY MEMBERSHIP ALSO ENSURES:

MEMBERS	NAME - SURNAME	BIRTH DATE
Spouse		
Child		
Child		
Child		
Child		

I ASK :

- Membership in the LIPA Association, from the date
- For the following warranty of funeral support, proposed by LIPA,
Under the following conditions :

WARRANTY	ANNUAL CONTRIBUTIONS			
	<input type="checkbox"/> BASIC	<input type="checkbox"/> STANDARD	<input type="checkbox"/> EXCLUSIVE	<input type="checkbox"/> GOLD
€				

I HEREBY DECLARE :

- I will take into account the agreement between the LIPA Association and their partners or collaborators for the execution of all funeral warranties and assistance. I leave to the LIPA association the selection of the funeral company, and the protection and care of their members.
- I have read and accepted the rules of the association.
- I confirm that on this day I and my family members are healthy.
- I hereby submit to you with this form a photocopy of my valid identity documents.
- I am informed that my membership would be invalid in a case of impersonation from my side, or the error of my age.
- I am informed that I may terminate the request for membership, within thirty days after the first payment of membership fee. In this case the payment will be returned to me.

IMPORTANT NOTE : No registration is registered without payment.

Date of registration is introduced from the day when the payment is registered on the account of the association.

Renewal of membership is performed every year.

If it is not renewed within one month after the expiration date, the membership will be canceled.

For each new member, funeral warranty shall enter into force 190 days after registration.

Please submit with your request:

- Photocopy of your valid identification documents for registration.
- Payment of annual membership fee.
- Payment of registration in the association.

THE MEMBER

Place Date

Signature preceded by the handwritten words
« read and approved »

THE LIPA ASSOCIATION

Place Date

Signature and Stamp