



Final Exit Network
PO Box 10071, Tallahassee, FL 32302
866-654-9156
info@finalexitnetwork.org

MEMBERSHIP

Complete this form and mail to the above address

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if credit card charge)

Phone: _____

Email: _____

Membership:

☐ \$ 50 annual individual

☐ \$75 annual couple

☐ \$ 500 lifetime individual

☐ \$750 lifetime couple

☐ Check here to authorize FEN to renew your annual membership automatically when it expires using the payment information provided.

Final Exit Network is a 501(c)3 organization. Your membership and/or donation is tax deductible to the fullest extent allowable by law. EIN #80-0119137

☐ Additional donation \$ _____

PAYMENT: ☐ Check ☐ Visa ☐ Mastercard ☐ Amex

Total donation to support end-of-life choices: \$ _____

Credit Card #: _____

Expiration Date (MM/YY): _____ CVV Code: _____

Signature (required): _____

Communication Preferences (please select your mailing preference):

_____ Please keep all communications electronic

_____ I would still like paper communications

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