



International Order of the Golden Rule

13523 Lakefront Dr., St. Louis, MO 63045

(800) 637-8030 • FAX: (314) 209-1289 • info@ogr.org

How to Apply for Membership

*W*elcome! We're here to help you get started in applying for membership. If you would like personal assistance, please don't hesitate to contact Member Services (800) 637-8030.

Four easy steps to complete your membership application.

Step 1. Membership Application: Please complete the application.

Step 2. Membership Application Fee: An application fee of \$350 is required. Please make your check payable to: OGR.

Step 3. Family Questionnaire: Provide a list of 25 families you have served. To ensure your firm's integrity and service quality, a questionnaire is mailed to families asking their opinions about your funeral home and staff.

Step 4. Documents or contracts you provide to your families. Please provide one copy each.

- Funeral Purchase Agreement/Contract
- General Price List
- Casket Price List and Sample Casket Card

Standards of Ethical Conduct: Members adhere to principles that guide their business practices and conduct. Please review the Standards of Ethical Conduct on the membership application and sign your agreement to these standards.

On-Site Visit: Visiting your funeral home helps us to better understand your entire business, from facilities to staffing. Regional Chairpersons conduct on-site investigations and provide the Board of Directors with a report. Please expect a call to schedule a convenient time for you.

Board of Directors Approval: The Board of Directors will review your application for acceptance into membership. After you are approved, you will receive a phone call! Your membership introduction kit and bronze membership plaque will be shipped to you. We'll let you know when to expect all of your membership materials.

Membership Annual Dues:

Main Firm Annual Dues: Dues are calculated using a base amount of \$1,054.00 and an assessment of \$3.40 per case in which a sale exceeds \$1,000. You can choose two options for payment: annually, including a 2% discount or quarterly.

Affiliate Firm Annual Dues: All eligible affiliate firms that are owned and managed by your firm and are within 100 miles of your firm may also apply for membership. The annual dues are \$165 per affiliate. We encourage you to register your affiliate firms and receive all of the advantages of membership.

Questions: Please contact Member Services, (800) 637-8030.

Please continue next page.



Application for Membership

Please complete this application for membership and return to:

OGR Membership Department, 13523 Lakefront Dr., St. Louis, MO 63045.

For questions, contact Member Services at 800-637-8030. *Thank You!*

MEMBER INFORMATION

Contact Name: _____

Firm Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Shipping Address (if different from mailing address): _____

City: _____ State/Province: _____ Zip/Postal Code: _____

If someone recommended you for membership, please note name: _____

BUSINESS ORGANIZATION *(Please check all that apply.)*

- Proprietorship
 Partnership
 Corporation

If your firm is incorporated, is any of the stock publicly traded? Yes No

If so, please give details:

In what year was your firm founded? _____ In what year did present management assume control? _____

OWNERSHIP AND MANGEMENT — MAIN FIRM

Names of Owners	Title	% of Ownership	Active in Firm Yes / No	License Number	
				Embalmer	and/or F.D.

MULTIPLE FUNERAL HOME OPERATION(S) — All eligible affiliate firms that are owned and managed by your firm and are within 100 miles of your firm may also apply for membership. The annual dues are \$160 per affiliate. We encourage you to register your affiliate firms and receive all of the advantages of membership.

AFFILIATE #1

Affiliate Contact Name: _____

Firm Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Telephone: _____ Fax: _____

List names of owners if different from above.

Names of Owners	Title	% of Ownership	Active in Firm Yes / No	License Number	
				Embalmer	and/or F.D.

AFFILIATE #2

Affiliate Contact Name: _____

Firm Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Telephone: _____ Fax: _____

List names of owners if different than above.

Names of Owners	Title	% of Ownership	Active in Firm Yes / No	License Number	
				Embalmer	and/or F.D.

AFFILIATE #3

Affiliate Name: _____

Firm Name: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Telephone: _____ Fax: _____

List names of owners if different than above.

Names of Owners	Title	% of Ownership	Active in Firm Yes / No	License Number	
				Embalmer	and/or F.D.

NOTE: If you own or operate more than three affiliate firms, please list contact information on a separate sheet.

CORRESPONDENCE:

If you are a multi-location firm, would you prefer that *all* correspondence be directed to one location?

Please consolidate all mailings, **including invoices.**

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Please mail to each firm individually.

If you are a multi-location firm and choose to have mail consolidated and sent to one location, we will send the mail to the main firm. If, however, you prefer that a location *other* than the main firm receive the correspondence, please specify the firm name/location:

VOLUME

Please indicate the number of cases in which the sale exceeded \$1000 (USD) for each of the three previous fiscal years, not including cash advances. Include affiliate firms registering for membership.

Year	Number of Cases

YOUR ACCOUNT

Our Golden Services Group supplier network makes available a range of products and services. To establish your account, please provide the following information:

Have you ever declared bankruptcy or made an assignment for the benefit of creditors? Yes No

Please list the three largest suppliers from whom you purchase funeral products for use or resale. OGR may use this information to make a credit inquiry.

Supplier	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where do you maintain your business bank accounts?

Bank	Address	Telephone
_____	_____	_____
_____	_____	_____

List any other pertinent information you wish the OGR Board of Directors to consider, relative to your application:

What methods does your firm use to promote the welfare of the funeral profession and the public you serve?

How many indigent funerals have you handled in the last two years? _____

Do you make price concessions for needy families, or attempt to offer low-cost options, when the family is financially unable to afford a full-service funeral within your pricing structure? Yes No

STANDARDS OF ETHICAL CONDUCT

“Service measured not by gold, but by the Golden Rule.”

Our Standards of Ethical Conduct are a pledge of members’ ethics and professionalism in their interactions with families. *Please read carefully and sign your agreement indicated below.*

We believe in the validity and the application of the Golden Rule and pledge our efforts to the pursuit of this standard in all our personal and professional relationships.

1. We pledge ourselves to attend to the preparations, care and disposition of deceased human bodies with compassion and understanding, having due regard and respect for the reverent care of the human body, to those bereaved, and the overall spiritual dignity of man.
2. We pledge ourselves to serve any deserving family in time of need, regardless of monetary consideration.
3. We will observe the laws governing the practice of funeral directing and abide by the codes of ethics of our professional associations, to the end that funeral service and this firm shall merit and receive the confidence of the public.
4. We will adhere to high standards of character, integrity and responsibility; we will make no false representations; we will be truthful in our dealings with the public and within the profession.
5. We pledge to respect all faiths, creeds and customs, and to be responsive to the needs of those we are called upon to serve.
6. We acknowledge our fiduciary relationship to the families that we serve and pledge to hold their confidences inviolate.
7. Our charges, which are commensurate with services rendered, are based on our known costs of operation and shall be set forth in such a manner that the public may know what is included in such charges.
8. At the time that funeral arrangements are made, we will furnish each family with a complete and clear explanation of the charges for the services provided and merchandise selected, together with an itemization of monies to be advanced as an accommodation to the family and the agreed-upon method for the payment of the account.
9. We will maintain and provide to the public complete facilities and equipment, including a highly competent and well-qualified staff.
10. We recognize the fact that funeral services is a practice affecting the public health, safety and welfare; funeral directors are called upon to serve their fellow man during one of the most trying periods human beings can experience. We pledge ourselves to the pursuit of our continuing education to the end that those who look to us may be well served.
11. We will provide the public with full information pertaining to all aspects of funeral service, and we will cooperate with all others with whom we share caretaking responsibilities as we develop facts, research and knowledge, which will better enable us to meet the needs of those who mourn.

MEMBERSHIP AGREEMENT

I (we) certify that all statements contained in this application are true and further agree that any knowingly false statements shall be grounds for rejection of any membership upon discovery. I (we) hereby agree to abide by the Golden Rule Standards of Ethical Conduct.

Signed: _____ Date: _____

Signed: _____ Date: _____

