

**COMMONWEALTH
INSTITUTE**
of Funeral Service



CIFS ALUMNI ASSOCIATION APPLICATION

Name: _____
(Please type or print clearly)

Address: _____

City: _____

Zip Code: _____

Phone #: _____

Email: _____

Class of _____

Membership Fee

1 – Year - \$35.00

3 – Year - \$100.00

Lifetime Member - \$500.00



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