SELECTED TRANSFER SERVICES

AGENT ENROLLMENT FORM

☐ **Yes!** Our firm is interested in becoming a designated Selected Transfer Services Agent.

I understand that by signing up as a Selected Transfer Services Agent, my firm agrees to abide by each of the Selected Transfer Services Terms and Conditions, including adhering to all applicable quality Guidelines and offering a minimum discount of at least 10 percent off our standard prices for transfer-related services, among other listed requirements.

I also understand that my firm's participation in the program is voluntary and can be terminated at any time. I understand that my firm's participation in the Selected Transfer Services program will continue from year to year unless I notify Selected Headquarters in writing that I have decided to terminate it, or until my membership in Selected Independent Funeral Homes ends.

Name of Authorized Representative (please print)_____

Signature _____ Date _____

INFORMATION TO BE INCLUDED IN LISTINGS

If you have multiple branches, please include a separate sheet of paper listing this information for each branch.

Name of Firm_____

Address_____

City _____ State or Province_____ Zip/Postal Code _____

Country/Territory: ☐ United States ☐ Other (please provide) _____

Website_____

KEY CONTACT PERSON OR PERSON(S) FOR THIS PROGRAM

If there are more than two contacts at this location, please include a separate sheet of paper listing this information for each contact.

Name _____

Phone _____

Email_____

Name_____

Phone_____

Email _____

THANK YOU for your interest in the Selected Transfer Services Program! If you have any questions regarding the program, please contact Denise Zoephel at 1-800-323-4219.

PLEASE FAX COMPLETED FORM TO 847-236-9968 OR EMAIL TO DENISEZ@SELECTEDFUNERALHOMES.ORG.