

# MICHIGAN CEMETERY ASSOCIATION

## Application for Membership

Having read the Code of Ethics and without reservation, I hereby make application for

\_\_\_\_\_ Membership in the Michigan Cemetery Association and upon Acceptance,  
(Active, Associate, Supplier)  
agree to abide by the Constitution and By Laws of said Association, amendments thereto, and the Code of Ethics.

Name \_\_\_\_\_ Title \_\_\_\_\_

Cemetery or Company \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_

Type of Cemetery Ownership \_\_\_\_\_  
(Church, Municipal, Profit, Not Profit, Etc.)

Date Cemetery established \_\_\_\_\_ Developed Acreage \_\_\_\_\_

Years of Service with Present Cemetery or Company \_\_\_\_\_

If less than 5 years, what was your previous employment \_\_\_\_\_

**Active Member:** Any person of good character, actively engaged in the Cemetery or funeral profession and is a resident of the state of Michigan.

**Associate Member:** Any person of good character, associated with a Cemetery or funeral profession that *already has an active member* belonging to this association and is a resident of the state of Michigan.

**Supplier Member:** Any person of good character, actively engaged in selling equipment or supplies to cemeteries or funeral profession. *Supplier members may not hold office or vote.*

### DUES SCHEDULE

Active Cemetery \$300.00    Supplier Member \$195.00    Associate 2nd member \$125.00

As a member of good standing in this organization, I believe the applicant worthy of consideration for membership in this Organization.

\_\_\_\_\_  
Sponsored by

\_\_\_\_\_  
Applicant Signature

Please make checks payable to: Michigan Cemetery Association    Mail to: PO Box 289 . Fenton, MI 48430

Questions, Contact Barb Bisbee, Secretary    810-577-1184