

# 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  
(active, associate or supplier)  
Association, and upon acceptance 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 \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Cemetery Ownership \_\_\_\_\_

Date Cemetery was 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 and funeral profession Michigan Cemetery Association profession and 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. (Supplier members may not vote or hold office)

### DUES SCHEDULE

Active Cemetery \$300.00    Supplier Member \$195.00    Associate (2<sup>nd</sup>) Member \$125.00

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

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

Please Make check Payable to: MICHIGAN CEMETERY ASSOCIATION PO BOX 289 FENTON, MI 48430

QUESTIONS, CONTRACT BARB BISBEE, SECRETARY 810 577-1184