



KENTUCKY CEMETERY ASSOCIATION



Application for Membership

I hereby make application for membership in the Kentucky Cemetery Association. Upon acceptance, I agree to abide by the Code of Ethics, Constitution and By-Laws of the Association and amendments hereto. I further agree to abide by all Kentucky State laws concerning cemeteries.

First Year's Dues for all members: \$75.00

Second Year and Beyond: \$100.00 per year for 25 or more burials.

Cemeteries with Less than 25 burials per year, Dues are \$25.00 per year

Supplier Dues: \$150.00 per year (includes Website Logo and Link)

All invoices mailed in January of each year

Complete the below and return with a check to: Kentucky Cemetery Association, 5364 Lexington Road, Lexington KY 40511

PLEASE PRINT OR TYPE

___ Cemetery ___ Supplier ___ Funeral Home ___ Crematory

Kentucky Corporation: ___ Yes ___ No

Total Number of Acres: _____ Number of Interments per year: _____

Cremations: _____

Is the Cemetery: Non Profit: ___ For Profit ___ Municipal: ___ Church: ___

Name of Applicant: _____ Title: _____

Name of Cemetery or Supplier: _____

Email Address: _____

Mailing Address: _____ State: _____ Zip Code: _____

Street Address if Different from Mailing: _____

Office Phone: () _____ Cell Phone: () _____

Do you Want a link to your Cemetery listed on our website? Yes ___ No ___

Website address: _____

Signature: _____