



# 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: \$50.00*

*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: \$100.00 per 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: \_\_\_\_\_