

KENTUCKY CEMETERY ASSOCIATION
Application for Membership

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

Please Print or Type

Applicant's Name _____ Title _____

Name of Cemetery or Supplier Company _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Cell _____

Names & Titles of Cemetery Officers:

Is the Cemetery or Supplier Company a Kentucky Corporation? Yes _____ No _____

If no, complete the following:

Cemetery's or Supplier Company's owner _____

Address of Home Office _____

Type of Ownership: _____ Proprietorship _____ Partnership _____ Corporation

_____ Association _____ Municipal _____ Profit _____ Non-Profit

Total Acres Owned _____ Acres Presently Developed _____

Does your cemetery have?

Upright Monument Sections _____ Garden Bronze Memorial Sections _____

Garden Mausoleums _____ Community Mausoleums _____ Columbarium _____

Crematory _____ Lawn Crypt Sections _____ Funeral Home _____

How many Interments do you have per year?

Interments _____ Entombments _____ Cremations _____

_____ Application presented to Board of Directors on:

(Signature of Applicant)

Date: _____