

THE OHIO ASSOCIATION OF CEMETERIES AND FUNERAL HOMES

Application for Membership

Date _____

I hereby make application for Membership in The Ohio Association of Cemeteries and Funeral Homes, and upon election agree to abide by the Constitution and Code of Regulations of said Association and amendments thereto.

Remittance in the amount of \$_____ is hereto attached, to be credited to first year's dues in admitted, or refunded in full if rejected.

Name_____ Title_____

Cemetery, Funeral Home or other Organization with whom concerned

Complete Mailing Address City State Zip

Phone_____ Fax_____ ACTIVE_____

Email_____ Website_____

MEMBERSHIP-Organizations and persons who are actively engaged in the operation or sale of cemeteries, mausoleums, crematories or columbaria located in the State of Ohio. Active members shall be entitled to one voter per cemetery in good standing, not to exceed a total of three (3) votes. Annual Dues: \$150.00 per membership(For multi-cemetery organizations the dues for the second and other cemeteries are \$75.00 per cemetery per year).

SUPPLIER AND PROFESSIONAL MEMBERSHIP-Personnel of cemetery supply organizations, sales organizations, development organization, or professional consulting firms located in the State of Ohio or elsewhere. Members have no voting rights and may not hold office. Annual Dues: \$75.00 per membership

ASSOCIATE MEMBERSHIP-Additional personnel of organizations and cemeteries holding and Active or Supplier-Professional membership. Associate members have no voting rights and may not hold office. Annual Dues: \$25.00 per membership

ALLIED INDUSTRY / WEB MEMBERSHIP -Organizations and persons who do not qualify for membership under categories above but participate in a business providing retail services or products for the death care industry including but not limited to funeral directors, cremationists, florists, and retail monument dealers, and are not affiliated with a cemetery, mausoleum or columbarium. Allied members shall have not vote and may not hold office. Annual Dues: \$75.00 per membership.

Please print out this form and fax or mail to:

OACF

219 Webbshaw Dr. Centerville, OH 45458

Fax: 937-885-4512