

NYSAC MEMBERSHIP APPLICATION



Contact Information

* Associate Members (\$40.00 per person)

Voting Member Name:		• Name:
Cemetery/Company Name:		Email:
Street Address:		• Name:
City, State ZIP Code:		Email:
Work Phone:		• Name:
Fax Number:		Email:
E-Mail Address:		• Name:
Website:		Email:
<u>Cemetery Members</u>		• Name:
Interments Last Year:		Email:
Cemetery Acreage:		• Name:
Cemetery Inception:		Email:
<u>Supplier Members</u>		• Name:
List product or service:		

Associate Members

* An Associate Member is a nonvoting member from the same cemetery/business. Associate Members will receive all of the membership benefits of a voting member.

Dues Schedule

Voting member dues are based on the number of interments per year. Please check one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> 0-24 (\$12.00) | <input type="checkbox"/> 300-499 (\$165.00) | <input type="checkbox"/> 1,400-1,999 (\$800.00) |
| <input type="checkbox"/> 25-49 (\$40.00) | <input type="checkbox"/> 500-799 (\$350.00) | <input type="checkbox"/> 2,000-Over (\$950.00) |
| <input type="checkbox"/> 50-299 (\$100.00) | <input type="checkbox"/> 800-1,399 (\$650.00) | <input type="checkbox"/> Supplier Member (\$250.00) |
| <input type="checkbox"/> Associate Member (\$40.00 per person) | <input type="checkbox"/> Crematory Member (\$150.00 plus interment fee dues) | |

Payment

Additional contribution to support NYSAC \$ _____

Enclosed please find my check in the amount of \$ _____

Check should be **payable ONLY** to "New York State Association of Cemeteries", 99 Pine Street, Suite 207, Albany NY 12207.

** Please no acronyms such as "NYSAC" should be used for the payment of the check.

NYSAC Federal Tax ID #: 13-6617369.

Payment can also be made online at www.nysac.com.

Please select one membership category:

- | | |
|---|---|
| <input type="checkbox"/> Cemetery | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Memorialization | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Construction/ Design | <input type="checkbox"/> Financial Management |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Consulting |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Other _____ | |

Agreement and Signature

By submitting this invoice form, I affirm that the facts set forth in it are true and complete.

Signature:	Date:
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Please **make sure to send a copy of your membership dues invoice and a check** to the NYSAC Office.

If you have any questions regarding membership, please call the office at (518) 434-1134.