## **NYSAC MEMBERSHIP APPLICATION**



| <b>Contact Information</b>   |  |                      | 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:                                 |
| Cemetery Members   |  |                      | Name:                                  |
| Interments Last Year:  |  |                      | Email:                                 |
| Cemetery Acreage:  |  |                      | Name:                                  |
| Cemetery Inception:  |  |                      | Email:                                 |
| Supplier Members   |  |                      | Name:                                  |
| List product or service:   |  |                      |  |
| get their first year as a member of NYSAC free.  Associate Members  * These are nonvoting members from the same cemetery/business. They will receive all of the other 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:  |  |                      |  |
| 0-24 (\$12.00)   |  | 300-499 (\$165.00)   | 1,400-1,999 (\$800.00)                 |
| 25-49 (\$40.00)  |  | 500-799 (\$350.00)   | 2,000-Over (\$950.00)                  |
| 50-299 (\$100.00)  |  | 800-1,399 (\$650.00) | Supplier Member (\$250.00)             |
| Associate Member (\$40.00 per person) Crematory Member (\$150.00 plus interment fee dues)  |  |                      |  |
| Payment  |  |                      |  |
| Additional contribution to support NYSAC \$  |  |                      |  |
| Enclosed please find my check in the amount of \$  |  |                      |  |
| Send a check made payable to New York State Association of Cemeteries, 99 Pine Street, Suite 207, Albany, NY 12207.  |  |                      |  |
| NYSAC Federal Tax ID #: 13-6617369.  |  |                      |  |
| Agreement and Signature  |  |                      |  |
| By submitting this application, I affirm that the facts set forth in it are true and complete.   |  |                      |  |
| Signature:   |  |                      | Date:                                  |

Please make sure to send a copy of your membership application and a check to the NYSAC Office.

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