



NYSAC MEMBERSHIP APPLICATION

NOTE: SUPPLIER MEMBERS WILL BE LISTED BY CATEGORY & CEMETERY MEMBERS WILL BE LISTED ALPHABETICALLY.

CONTACT INFORMATION: Please include as much information possible. **Associate Members (\$40.00 per person)*

IMPORTANT: All of the information submitted will be available to membership online and in the NYSAC publications, unless requested otherwise.			
Voting Member Name:			• Name:
Cemetery/Organization:			Email:
Street Address:			• Name:
City, State ZIP Code:			Email:
Work Phone:			• Name:
Fax Number:			Email:
E-Mail Address:			• Name:
Website:			Email:
Cemetery Member			• Name:
Interments Last Year:		Acreage:	Email:
Cemetery Inception:			• Name:
Supplier Member (Business)			Email:
Description of product or services:			

Associate Members (Optional)*: Associate Members receive all of the same membership benefits as voting members. An Associate Member is a nonvoting member from the same cemetery/organization, listed as a member of NYSAC and there is an unlimited number available for each member. Associate Member(s) are only available in addition to the normal dues payment to utilize and receive this membership benefit. *Selecting ONLY the Associate Member rate is not an available membership option.*

DUES SCHEDULE: Membership dues are renewed annually. All rates are subject to change if a payment or this form is not submitted on an annual basis..

Cemetery member rates are based on the number of interments from the previous year. All Crematory Member rates are based on a flat rate plus the interment rates. Supplier Member and Associate Member dues are based on a flat rate. Please indicate the number of Associate Members below. If necessary, separate contact or mailing information may be attached to this form. **ALL MEMBERS MUST SELECT ONE OF THE RATES LISTED AND HAVE THE OPTION TO ADD THE NUMBER ASSOCIATE MEMBERS LISTED ABOVE.**

___ 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(s) - \$40.00 per person & Optional	___ Crematory Member (\$150.00 plus interment fee dues)	

PAYMENT: All members must select one rate & only one category. Supplier Members will be listed online & print by the category selected below.

MEMBERSHIP DUES ARE EFFECTIVE FOR THE CURRENT ANNUAL YEAR & EFFECTIVE UPON SUBMISSION OF THIS FORM AND PAYMENT.

Additional support for NYSAC (Every dollar is critical & appreciated) \$ _____

*** Enclosed please find my check with the following:
GRAND TOTAL: \$ _____**

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

Please do not use any acronyms such as "NYSAC" for this payment or any future payment to the Association. **Thank you for your continued membership and support!**

NYSAC Federal Tax ID #: 13-6617369

Payment is preferred via check, but if necessary, online payments are available.

AGREEMENT & SIGNATURE: All members must sign, date and return this form with payment to receive 2017 membership & benefits.

Please read and agree to the new disclaimer language included at the bottom of the NYSAC Website, www.nysac.com. By submitting this NYSAC Membership Application, I affirm that the facts set forth in it are true and complete.

Signature:

Date:

Please electronically or by mail return a copy of this NYSAC Membership Application and payment by check to the NYSAC Office.

If you have any questions regarding your membership status, disclaimer language, membership category, dues structure or general information, please contact the NYSAC office at (518) 434-1134 or info@nysac.com.