

INVOICE: 2018 NYSAC MEMBERSHIP DUES



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:		Acreage:	
Cemetery Inception:		• Name:	
<u>Supplier Members</u>		Email:	
Description or list of 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:

DEADLINE FOR PAYMENT AND FORM: JANUARY 19, 2018

Additional contribution to support NYSAC \$ _____

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

Checks should be **payable ONLY** to "New York State Association of Cemeteries", **111 Washington Avenue, Suite 501, Albany NY 12210.**

** Please do not use acronyms such as "NYSAC" for payment purposes**

NYSAC Federal Tax ID #: 13-6617369.

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

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 & 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.