



INVOICE: 2020 NYSAC MEMBERSHIP DUES

CONTACT INFORMATION: * Associate Members (\$42.00 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:
Mailing Address if different from above:		• Name:
		Email:
<u>Cemetery Members</u>		• Name:
Interments Last Year:	Acreage:	Email:
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:

- | | | |
|---|---|--------------------------------|
| ___ 0-24 (\$15.00) | ___ 300-499 (\$174.00) | ___ 1,400-1,999 (\$840.00) |
| ___ 25-49 (\$45.00) | ___ 500-799 (\$368.00) | ___ 2,000-Over (\$998.00) |
| ___ 50-299 (\$105.00) | ___ 800-1,399 (\$683.00) | ___ Supplier Member (\$263.00) |
| ___ Associate Member (\$42.00 per person) | ___ Crematory Member (\$158.00 plus interment fee dues) | |

PAYMENT:

DEADLINE FOR PAYMENT AND FORM: JANUARY 20, 2020

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.

Contributions to NYSAC are not deductible as charitable contributions.
Please feel free to contact the Association with any questions. Thank you.