



ASSOCIATE/SUPPLIER APPLICATION

ILLINOIS CEMETERY & FUNERAL HOME ASSOCIATION

PO Box 643, HOMEWOOD IL 60430-8643
 TELEPHONE: 866-758-7731 FAX: 866-758-7732
 e-mail: ICFHA@hotmail.com ♦ web: www.icfha.org

We hereby apply for membership in the Illinois Cemetery & Funeral Home Association and agree to abide by the Bylaws of the Association and its high ethical standards:

To promote fellowship among cemetery and funeral home executives and officials throughout the State of Illinois; to create and maintain high ethical standards in the conduct of cemetery and funeral home administration; to meet and discuss mutual problems and exchange ideas on subjects pertaining to cemetery and funeral home development, operation, and management for mutual benefit and protection.

APPLICANT INFORMATION: (FOR FUNERAL HOMES, CREMATORIES, TRADES)

NAME OF FIRM _____

MAILING ADDRESS

CITY	STATE	ZIP CODE	COUNTY
TELEPHONE	FAX		
E-MAIL _____		WEB: _____	

LOCATION ADDRESS IF DIFFERENT FROM MAILING ADDRESS _____

COMPANY HISTORY: Please describe your products and/or services. Attach additional sheet if necessary.

Date Company began business: _____

FIRST REPRESENTATIVE INFORMATION:

NAME OF REGISTERED REPRESENTATIVE (\$222.50 FIRST)	OFFICIAL POSITION	
REPRESENTATIVE PREFERRED MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	
E-MAIL: _____		

ADDITIONAL REPRESENTATIVES ARE \$74.00 EACH:

NAME OF ADDITIONAL REPRESENTATIVE		OFFICIAL POSITION
REPRESENTATIVE PREFERRED MAILING ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE	FAX	
E-MAIL (REQUIRED):		

DUES: Dues for Associate/Supplier are **\$222.50** for the first representative and \$74.00 for each additional representative, good for the calendar year to December 31.

NEWSLETTER: The ICFHA newsletter “The Newsette” is an on-line publication published nine times a year for members only. The Newsette contains up-to-date legislative information, legal column, and the latest information affecting our industry. Those not having access to on-line or wishing to have a hard copy, may request a subscription newsletter for a **fee of \$35.00 for the year.**

_____ Yes, I wish to receive a printed copy of **The Newsette.** (Add \$35.00 to dues)

_____ No, I will receive my newsletter on-line. Please send my Newsette’s on-line access code.

ADVERTISING: The ICFHA offers, at no cost to you, our on-line directory for Suppliers at: www.icfha.org/suppliers. We will directly link to your website if provided. You may also support the Association through advertisement in the Newsette, Annual Membership Directory (Roster), Convention Programming and Sponsorships. This information will be mailed to you upon receipt of your application. We look forward to your participation.

Date: _____ **Signature and Title:** _____

Please mail this completed application along with your check to:

ICFHA

ATTN: MEMBERSHIP COMMITTEE

PO BOX 643 ♦ HOMEWOOD IL 60430-8643