

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
 website: www.icfha.org

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.

PRODUCT CODES

BM	BRONZE MARKERS
CRE	CREMATORY
FH	FUNERAL HOME
GB	GRANITE BASES
GBX	GRAVE BOXES
GM	GRANITE MARKERS
L	LOTS
LCR	LAWN CRYPTS
M	MONUMENTS
MCR	MAUSOLEUM CRYPTS
N	NICHES
SG	SCATTERING GARDEN
UG	URN GARDEN
V	VAULTS

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:

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

NAME OF FIRM _____
 MAILING ADDRESS _____
 CITY STATE ZIP CODE _____
 COUNTY _____
 TELEPHONE _____
 FAX: _____
 E-MAIL: _____
 WEBSITE _____
 PHYSICAL LOCATION (If different from above): _____

COMPANY HISTORY: Use the Product Code above to describe your products and list here. Give a brief description of your services. Attach additional sheet if necessary. Date Company began business: _____

DUES: Dues for Associate/Supplier are **\$245.00** for the first representative and **\$82.00** for each additional representative, good for the calendar year to December 31. (Associate is Funeral Home or Crematory; suppliers provide product to the industry)

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

FIRST REPRESENTATIVE INFORMATION:

NAME OF REGISTERED REPRESENTATIVE (\$245.00 FIRST) _____
 OFFICIAL POSITION _____
 REPRESENTATIVE PREFERRED MAILING ADDRESS _____
 CITY STATE ZIP CODE _____
 TELEPHONE FAX _____
 E-MAIL: _____

Additional Representatives are \$82.00 each and can be listed on back.

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 **\$45.00** for the year.

_____ Yes, I wish to receive a printed copy of **The Newsette**. (Add \$45.00 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.

