

# ASSOCIATE/SUPPLIER MEMBERSHIP 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](http://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.*

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:

### 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

### APPLICANT INFORMATION:

(FOR FUNERAL HOMES, CREMATORIES, TRADES)

Recommended:

\_\_\_\_\_ Yes, by ICFHA member: \_\_\_\_\_  
\_\_\_\_\_ No

NAME OF FIRM \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE- PLUS 4  
COUNTY (IN-STATE ONLY): \_\_\_\_\_

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: \_\_\_\_\_  
Product Code: \_\_\_\_\_

**DUES:** Dues for Associate/Supplier are \$245 for the first representative and \$82 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: \_\_\_\_\_

Title: \_\_\_\_\_

### FIRST REPRESENTATIVE INFORMATION:

NAME OF REGISTERED REPRESENTATIVE \_\_\_\_\_

OFFICIAL POSITION \_\_\_\_\_

REPRESENTATIVE PREFERRED MAILING ADDRESS  
(If information is same as at left, please leave Blank)

CITY STATE ZIP CODE - PLUS 4

TELEPHONE FAX

E-MAIL: \_\_\_\_\_

**SECOND REPRESENTATIVES** are \$82 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 for the year.

\_\_\_\_\_ Yes, I wish to receive a printed copy of **The Newsette**. (Add \$45 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](http://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.



Please mail this completed application along with your check to:  
ICFHA ATTN: MEMBERSHIP COMMITTEE PO BOX 643 ♦ HOMEWOOD IL 60430-8643