

# CEMETERY 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)

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

### 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

*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.*

### CEMETERY INFORMATION:

Recommended:

\_\_\_\_ Yes, by ICFHA member: \_\_\_\_\_  
\_\_\_\_ No, I am in need of a Sponsor.

NAME OF CEMETERY \_\_\_\_\_

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

CITY STATE ZIP CODE- **PLUS 4**

TYPE OF CEMETERY: \_\_\_\_\_

(Private, Association, Public, Religious, Fraternal)

TELEPHONE \_\_\_\_\_

FAX: \_\_\_\_\_

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

WEBSITE \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

COUNTY \_\_\_\_\_

PHYSICAL LOCATION BY ROADS (If different from above): \_\_\_\_\_

NUMBER OF INTERMENTS PER YEAR: \_\_\_\_\_

HOW MANY ACRES: \_\_\_\_\_

DATE THE CEMETERY: \_\_\_\_\_

ORGANIZED: \_\_\_\_\_ INCORPORATED: \_\_\_\_\_

**LIST OF SERVICES AND MERCHANDISE:** Use the Product Code above to list the services and merchandise your location provides.

**DUES:** See the Attached Dues Sheet.  
\_\_\_\_\_ Check if this application is for the Mentor Program.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

### REPRESENTATIVE INFORMATION:

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

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

REPRESENTATIVE PREFERRED MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE - **PLUS 4**

TELEPHONE \_\_\_\_\_

FAX: \_\_\_\_\_

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

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

### ADDITIONAL CEMETERY INFORMATION:

STATE SENATOR/DIST: \_\_\_\_\_

STATE REPRESENTATIVE/DIST: \_\_\_\_\_

### LICENSED FOR: (Check appropriate line)

- \_\_\_\_ Cemetery Care Funds  
\_\_\_\_ Pre-Need Cemetery Sales  
\_\_\_\_ Funeral and Burial Trust Funds

**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. Send my on-line access code.



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