

ASSOCIATE/SUPPLIER MEMBERSHIP/RENEWAL APPLICATION 2017

ILLINOIS CEMETERY & FUNERAL HOME ASSOCIATION

14608 John Humphrey Dr. Orland Park,
IL 60462

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.

We hereby apply for Membership/Renewal 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 No, I am a current member

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): _____

Number of Services Annually: _____

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 **\$268** for the first representative and **\$90** 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 \$90 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. 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 14608 John Humphrey Dr. ♦ Orland Park IL 60462