

WEST VIRGINIA CEMETERY & FUNERAL ASSOCIATION

MEMBERSHIP APPLICATION

**Please note: Incomplete applications will be returned without action.*

Date: _____

Part 1 of 2:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Individual's Name(s): _____

Name of Parent Company (Corporate Members): _____

Remittance in the amount of \$_____ is hereto attached with said application, to be credited for first year's dues if admitted, or refunded in full if rejected.

I hereby certify that the cemetery or funeral home requesting membership is being operated in compliance with all statutory laws and ordinances of West Virginia and our local community as they apply to our operations.

Signature and Title of Applicant

Date

WV License #

Type of Membership	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Supplier	<input type="checkbox"/> Associate
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Memberships	Fee (Per Year)
<input type="checkbox"/> Active Membership	\$150.00
<input type="checkbox"/> Additional Cemeteries or Funeral Homes in Corporations	\$75.00
<input type="checkbox"/> Supplier Membership	\$150.00
<input type="checkbox"/> Associate Membership	\$125.00
<input type="checkbox"/> Legislative & Consumer Protection Assessment <small>*First year applicants will not be assessed this fee. Fee begins second full year of membership.</small>	\$4.00 per burial or call

Total Membership Fee Total: \$ _____

Part 2 of 2:

Do you maintain a Mortuary in connection with your cemetery? Yes No

Date cemetery commenced business: _____

Number of interments or calls to date: _____

Is cemetery incorporated? Yes No

Does cemetery operate as a non-profit or for profit? Non For

Is cemetery a:

Church Municipal Memorial Park Traditional Other

Total acreage of cemetery? _____

Number of acres developed so burials can be made therein? _____

Type of memorialization: Flush Upright Both

Do you have a community or garden mausoleum? Yes No

If so, what is the number of crypts? _____ Niches? _____

Do you have a pre-need sales program? Yes No

Lots Vaults Bronze Monuments Mausoleums

Lawn Crypts Opening and closing of graves

Do you have a perpetual care trust fund? Yes No

As of the most recent audit of the endowment care fund, does the audit meet the state requirements of a minimum of \$10,000 or more? Yes No

Date of last audit: _____

Name of the "Perpetual Care Trust Fund" holding institution and address:

Name and contact information of company and officer that we may contact:

Have any of the principals been convicted of a felony? Yes No

If yes, please explain: _____

I hereby certify that each of the foregoing statements above is true to the best of my knowledge.

Print Name: _____ Date: _____

Signature: _____

FOR WVCFA OFFICE USE ONLY: APPROVED APPROVED PENDING PAYMENT

AUTHORIZED SIGNATURE: _____

WVCFA TREASURER SIGNATURE: _____