

# 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 #

<b>Type of Membership</b>	<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	\$175.00
<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:** \_\_\_\_\_