

WEST VIRGINIA CEMETERY & FUNERAL ASSOCIATION

MEMBERSHIP APPLICATION

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): _____

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

Membership Type	<input type="checkbox"/> Cemetery	<input type="checkbox"/> Funeral Home	<input type="checkbox"/> Supplier	<input type="checkbox"/> Retired
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Memberships	Fee (Per Year)
<input type="checkbox"/> Active Membership (Cemetery or Funeral Home)	\$395.00
<input type="checkbox"/> Supplier Membership	\$300.00
<input type="checkbox"/> Retired Membership	\$100.00

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:

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

Print Name: _____ Date: _____

Signature: _____