

SCCFA MEMBERSHIP APPLICATION FORM

**Completely fill out this form (PLEASE PRINT CLEARLY), sign and date it, and return to:
 SCCFA, PO Box 681053 Marietta, GA 30068 ~ Phone: (770) 880-7210 ~ email- sccfa.office@gmail.com**

The undersigned hereby applies for membership to the Southern Cemetery, Cremation & Funeral Association according to the categories designated below. Upon election, the undersigned agrees to the following: To abide by the Code of Ethics, Constitution and By-laws. Understanding that false information given on this application will be considered cause for forfeiture of membership: To give complete and accurate answers to the best of my (our) ability.

Categories of Membership Applied For:

Check One Only*. Call the SCCFA for questions concerning categories and membership category descriptions.

- Active \$260.00
- Small Active (150 burials & under)..... \$130.00
- Active Corporate or Multi-Ownership
 - The first cemetery/funeral home \$260.00
 - For additional cemeteries/funeral homes ... \$130.00 each
- Associate..... \$130.00
- Supplier..... \$260.00
- Professional \$260.00
- Associate Suppler & Professional..... \$130.00
- Affiliate..... \$130.00
- Allied Industries..... \$130.00
- SPECIAL RATE - First Year Membership \$99.00

** (If paying special 1st year rate, please also check the appropriate membership category box for future billing*

Funeral Home/Cemetery/Company Name

Address

City/State/Zip

Phone _____ Fax _____

Email Address

Individual's Name

Title: _____

Parent Company (if Corporate Member)

RECOMMENDED BY (current SCCFA Member)

Sponsor Name

Funeral Home/Cemetery/Company

Cemeterians Check items available in your cemetery.

- | | |
|--|---|
| <input type="checkbox"/> Lots | <input type="checkbox"/> Lawn Crypts |
| <input type="checkbox"/> Garden Crypts | <input type="checkbox"/> Columbarium |
| <input type="checkbox"/> Crematorium | <input type="checkbox"/> Community Mausoleum |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Individual Mausoleum |
| <input type="checkbox"/> Bronze | <input type="checkbox"/> Monuments |

Funeral Directors Check items available in your funeral home.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Caskets | <input type="checkbox"/> Cemetery Lots |
| <input type="checkbox"/> Vaults | <input type="checkbox"/> Crematorium |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Memorials/Monuments |
| <input type="checkbox"/> Urns | <input type="checkbox"/> Open/Closing Services |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Mortuary |
| <input type="checkbox"/> Other: _____ | |

Should you wish to pay with using a credit card or an electronic check online, please email back this completed application with a note requesting payment via our secure online payment methods (credit card or electronic check) and we will email you an invoice that can be paid online. For mail in option, complete this form and mail in with you check payment to the address at the top of this form.

Signature

Date

SCCFA REGION

- | | | | | | | | |
|----------------|----------|----------------|-----------|----------|-----------|---------------|-------------|
| Alabama | Arkansas | Florida | Georgia | Kentucky | Louisiana | Maryland | Mississippi |
| North Carolina | Oklahoma | South Carolina | Tennessee | Texas | Virginia | West Virginia | |

Application for membership in the Southern Cemetery, Cremation & Funeral Association may be submitted to any member of the SCCFA, who will forward the same to the appropriate person for processing. All applications are subject to approval by the Board of Directors. Payment in the amount of the first year's dues must accompany the application. If the applicant is not accepted for membership, payment will be refunded in full.