SCCFA MEMBERSH APPLICAT Ρ

Completely fill out this form (PLEASE PRINT CLEARLY), sign and date it, and return to:

SCCFA, PO Box 508 Kingston Springs, TN 37082 ~ Phone: (615) 714-9605 ~ email- TheSouthern.office@gmail.com

T: 1

Individual's Name

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 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	Cemeterians Check iter	ns available in your cemetery.
Small Active (150 burials & under) \$130.00	□ Lots	Lawn Crypts
□ Active Multi-Ownership:	Garden Crypts	Columbarium
The first cemetery/funeral home \$260.00	Crematorium	 Community Mausoleum Individual Mausoleum
Additional location or representative\$130.00	Funeral HomeBronze	☐ Monuments
Associate\$130.00		ck items available in your funeral
Student/Intern (please attach proof of status) \$99.00	home.	
Professional / Supplier\$260.00	Caskets	 Cemetery Lots Crematorium
	VaultsClothing	Crematorium Memorials/Monuments
Associate Suppler & Professional\$130.00	Urns	Open/Closing Services
Affiliate\$130.00	□ Flowers	☐ Mortuary
Allied Industries\$130.00		
SPECIAL RATE* - First Year Membership \$99.00		
	may also complete this fi	
Funeral Home/Cemetery/Company Name	SCOFA	Membership App
	For mail in option	
	in with you check pa	complete this form and mail ayment to the address at the
Address		complete this form and mail
	in with you check pa	complete this form and mail
City/State/Zip	in with you check p top of this form. Signature	complete this form and mail ayment to the address at the
City/State/Zip Office #: Cell #:	in with you check p top of this form.	complete this form and mail ayment to the address at the
City/State/Zip	in with you check p top of this form. Signature	complete this form and mail ayment to the address at the
City/State/Zip Office #: Cell #:	in with you check p top of this form. Signature	complete this form and mail ayment to the address at the
City/State/Zip Office #: Cell #: Email Address Click here to Print SCCFA	in with you check partop of this form. Signature Date:	complete this form and mail ayment to the address at the
City/State/Zip Office #: Cell #: Email Address Click here to Print	in with you check partop of this form. Signature Date:	complete this form and mail ayment to the address at the

Company	
available in your cemetery.	
Lawn Crypts	
Columbarium	
Community Mausoleur	
Individual Mausoleum	
□ Monuments	
items available in your funeral	
Cemetery Lots	
Crematorium	
Memorials/Monuments	
Open/Closing Services	
□ Mortuary	
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