



Pennsylvania Cemetery, Cremation & Funeral Association

2200 Northampton Street, Easton, PA 18040

(610) 253-5222 (Phone) -- (610) 253-3636 (Fax) -- DCM.Colleen@gmail.com (Email)

Cemeteries, Funeral Homes and Crematory Membership Application

Section A: Company Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If different from above): _____ Phone #: _____

Fax #: _____

Representative: _____

_____ Title: _____ Email: _____

Products or services you offer: _____

Section B: Information

Total number of people on payroll: _____ (Full Time) _____ (Part Time)

Total number of years you have been involved in death care services: _____

Total number of years you have owned, operated or managed this company: _____

I/we hereby apply for admission as members of the Pennsylvania Cemetery Cremation and Funeral Association. Membership dues are as published and may change with action approved by the board of directors with due notice to members. If this application is approved, I/we agree to be governed by the bylaws of the organization as they are now or may be hereafter amended. I/We acknowledge that by including our e-mail address, PCCFA is granted the right to send you association information, which may include supplier member'e information, in an electronic form. You will have the right to notify us to opt out of information from supplier members.

I hereby certify that this company is being operated in compliance with all statutory laws and ordinances of our state and local community as they apply to our operations.

Applicants Signature

Date