

## Pennsylvania Cemetery, Cremation & Funeral Association

2200 Northampton Street, Easton, PA 18040 800-604-3416 (Phone) -- (610) 253-3636 (Fax) -- <u>pccfa.info@gmail.com</u> (Email)

## **Supplier/ Professional Membership Application**

## Section A: Company Information

Company Name:				
Address:				
		Zip Code	:	
Name of Representative	:	Title: _	Title:	
Mailing Address (If different fro	m above):			
		t:		
Cell Phone #	: Emai	l:		
Products or services you offer a	as a Supplier:			
	Section B:	Information		
1. Total number of people	e on payroll:	(Full Time)	(Part Time)	
<ol><li>Total number of years y</li></ol>	ou have been in bu	siness.		
3. Geographical area you	u serve.			
Association. Membership due directors with due notice to replays of the organization as	es are as published an members. If this applica s they are now or may	e Pennsylvania Cemetery Cred may change with action apation is approved, I/we agreed be hereafter amended. I/W right to send you association	oproved by the board of to be governed by the 'e acknowledge that by	
I hereby certify that this comp of our state and local comm		d in compliance with all statu our operations.	tory laws and ordinances	
Applic	ants Signature		Date	



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\$ 275 Sup	pplier/Professional Member
Payment Method	<ul> <li>Check (made payable to PCCFA)</li> <li>Credit Card (circle one): MasterCard</li> <li>VISA</li> <li>Discover</li> <li>AMEX</li> </ul>
Card#:	Exp.
Name on card:	
Security ID: (3 digit # on bac	sk or 4 digit on front of AmEx card
Card's billing address	
(if different from above)	

Dues payments to PCCFA are not deductible as charitable contribution for federal tax purposes, but may be deductible as a business expense. Please complete and return this form with payment to the address at the top of this page.