



WESTERN CANADA CEMETERY ASSOCIATION INC.
 Box 31008 RPO Broadway & Taylor
 Saskatoon, SK S7H 5S8
 Email: administration@westerncemetery.com
 Phone: (306) 621-3216

APPLICATION FOR MEMBERSHIP

COMPANY NAME: _____
 CONTRACT PERSON: _____
 ADDRESS: _____
 TELEPHONE: _____ FAX: _____
 EMAIL ADDRESS: _____
 WEBSITE: _____

TYPE OF MEMBERSHIP

- _____ **Cemetery Member** (Cemeteries located within Saskatchewan, Manitoba or Alberta)
Annual Interments Dues
- | | |
|---------------------------|---|
| _____ Municipal | <input type="checkbox"/> 0-25 New member \$105.00 1 st year only |
| _____ Religious | <input type="checkbox"/> 0-25 \$ 65.00 |
| _____ Private Corporation | <input type="checkbox"/> 26-100 \$115.00 |
| _____ Private (Other) | <input type="checkbox"/> 101-250 \$230.00 |
| | <input type="checkbox"/> 251-500 \$330.00 |
| | <input type="checkbox"/> 501-750 \$455.00 |
| | <input type="checkbox"/> Over 750 \$590.00 |

Please use the 2016 calendar year to calculate your dues by the number of all types of interments and scatterings completed in the year.

_____ **Multiple Entity Member** (Any cemetery with multiple locations or entities) # of Interments per member province.
(use table above)

_____ **Supplier Member** \$250.00

A supplier member shall be an individual, company or corporation engaged in producing or supplying products or services used in the operation of a cemetery, including consulting and technical service.

_____ **Associate Member** (Cemetery located outside WCCA area)\$110.00

An associate member shall be an individual, a company or corporation actively engaged in the operation of a cemetery, whose location of business is outside the perimeters of the three Western provinces.

_____ **Affiliate Member** (Funeral Home, other Association) \$110.00

Affiliate members shall be those individuals, businesses, or corporations engaged in providing a service to the public, which is directly related to the professional operation of a cemetery.

I hereby apply for Membership in the Western Canada Cemetery Association Inc. and enclose payment (cheque or credit card, NO GST) of Association dues for the current year.

Authorized Signature: _____ Date: _____

Method of Payment Cheque (payable to **Western Canada Cemetery Association**)

Visa Mastercard Other

Credit Card Number: _____

Name as it appears on Credit Card: _____ Exp. Date: ____ / ____ CIV ____

Card Holder Signature: _____