

Orr's Island Cemetery Association, Inc.  
PO Box 232. Orr's Island, ME 04066

## APPLICATION FOR MEMBERSHIP

*Applicant* Name : \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Telephone Contact : \_\_\_\_\_

*Membership Type*  Individual  Family

Family members : (Names, relationships) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Qualifications*  Year Round Resident: Nr. of years \_\_\_\_\_

Seasonal Resident: Nr. of years \_\_\_\_\_

Non Resident: Heritage details \_\_\_\_\_  
\_\_\_\_\_

*Burial Rights*  Interested in acquiring now.

Interested at a future time.

Have existing rights.

Describe: \_\_\_\_\_  
\_\_\_\_\_

*Initial Fee*  \$150. Enclosed. (Refundable if application is not approved.)

*Agreement* If approved as a member, I (we) agree to abide by Association rules and regulations.

Signature of Applicant : \_\_\_\_\_

Date : \_\_\_\_\_