

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 \$100. 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 : _____