

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 : _____