Section A: About Your Company

FIRM NAME: _____ DATE: _____ YEAR FOUNDED: _____

STREET: _____ P. O. BOX NO: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____ WEBSITE: _____

SECTION B: MEMBERSHIP TYPE

MEMBERSHIP	NAME	% OF OWNERSHIP	MEMBERSHIP FEE
Voting Designated Member	_____	_____	$150.00
Affiliate (Non Voting)	_____	_____	
Affiliate (Non-Voting)	_____	_____	
Wholesaler/Supplier (Non-Voting)	_____	_____	$125.00
Additional Affiliate Seats (Non-Voting)	_____	_____	$75.00 each

1. For monument Designs:

   ☐ Service Done In-House ☐ I Use an Outside Source

2. For Manufacturing (lettering/carving of new memorials):

   ☐ Service Done In-House ☐ I Use an Outside Source

3. For setting/installs:

   ☐ Service Done In-House ☐ I Use an Outside Source

4. For cemetery lettering/services for your company?

   ☐ Service Done In-House ☐ I Use an Outside Source

SECTION C: WHAT TO SUBMIT

SPECIAL NOTE:

PLEASE SUBMIT THE FOLLOWING ITEMS AND PHOTOGRAPHS WITH THIS APPLICATION. THIS IS A REQUIREMENT FOR ALL APPLICANTS.

- AT LEAST FIVE (5) PHOTOGRAPHS OF MEMORIALS RECENTLY SUPPLIED BY YOUR COMPANY WITH CREDIT GIVEN TO THE SUPPLIER

DISPLAY TYPE:
Pictures of store front and display can be emailed to: info@mbgl.org

☐ OUTDOOR DISPLAY ☐ INDOOR DISPLAY ☐ BOTH

SECTION D: ORGANIZATION PARTICIPATION:

1. Committee positions I am interested in:

☐ Advocacy ☐ Education ☐ Event Planning

2. How would you like to benefit by being a member of MBGL?

_____

_____

_____

Applicant_____

Your signature_____

Please email to:
membership@mbgl.org

Please mail check to:
14600 Brookpark Rd.
Brookpark, OH 44135
Attn. Mike Milano (Treasurer)

Or Pay Online at:
https://pay.mbgl.org/