



WESTERN CANADA CEMETERY ASSOCIATION INC.

Box 31008 RPO Broadway & Taylor
Saskatoon, SK S7H 5S8

Email: administration@westerncemetery.com

Phone: (403) 507-9359

APPLICATION FOR MEMBERSHIP 2022

COMPANY NAME: _____
CONTACT 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.....	\$ 68.00
_____ Religious	<input type="checkbox"/> 26-100	\$121.00
_____ Private Corporation	<input type="checkbox"/> 101-250	\$242.00
_____ Private (Other)	<input type="checkbox"/> 251-500	\$347.00
	<input type="checkbox"/> 501-750	\$478.00
	<input type="checkbox"/> Over 750	\$620.00

Please use the 2021 calendar year to calculate your dues by the number of all types of Interments and scatterings completed in the year.

Other Types of Memberships:

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

_____ **Supplier Member** \$263.00
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) \$116.00
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) \$116.00
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 for the Western Canada Cemetery Association Inc. and enclose payment (cheque or credit card, NO GST) for Association dues for the current year.

Authorized Signature: _____ Date: _____

Method of Payment	<input type="checkbox"/> Cheque (payable to Western Canada Cemetery)
	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other
Credit Card Number:	_____
Name as it appears on Credit Card:	_____ Exp. Date: ____ / ____ CIV _____
Card Holder Signature:	_____