



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 2020

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 2019 calendar year to calculate your dues by the number of all types of interments and scatterings completed in the year.

_____ **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 in the Western Canada Cemetery Association Inc. and enclose payment (cheque or credit card, NO GST) of Association dues for the current year.

Authorized Signature: _____ Date: _____

Method of Payment Cheque (*payable to Western Canada Cemetery Association*)
 Visa Mastercard Other

Credit Card Number: _____

Name as it appears on Credit Card: _____ Exp. Date: ____ / ____ CIV _____

Card Holder Signature: _____