

# CEMETERY MEMBERSHIP/RENEWAL APPLICATION 2024

## ILLINOIS CEMETERY & FUNERAL HOME ASSOCIATION

14608 JOHN HUMPHREY DR. ORLAND PARK, IL 60462  
TELEPHONE: 866-758-7731  
FAX: 866-758-7732  
e-mail: ICFHA@hotmail.com  
website: [www.icfha.org](http://www.icfha.org)

We hereby apply for membership or renewal in the Illinois Cemetery & Funeral Home Association and agree to abide by the Bylaws of the Association and its Mission Statement:

### PRODUCT CODES

BM	.....	<b>BRONZE MARKERS</b>
CRE	.....	<b>CREMATORY</b>
FH	.....	<b>FUNERAL HOME</b>
GB	.....	<b>GRANITE BASES</b>
GBX	.....	<b>GRAVE BOXES</b>
GM	.....	<b>GRANITE MARKERS</b>
L	.....	<b>LOTS</b>
LCR	.....	<b>LAWN CRYPTS</b>
M	.....	<b>MONUMENTS</b>
MCR	.....	<b>MAUSOLEUM CRYPTS</b>
N	.....	<b>NICHES</b>
SG	.....	<b>SCATTERING GARDEN</b>
UG	.....	<b>URN GARDEN</b>
V	.....	<b>VAULTS</b>

*To promote fellowship among cemetery and funeral home executives and officials throughout the State of Illinois; to create and maintain high ethical standards in the conduct of cemetery and funeral home administration; to meet and discuss mutual problems and exchange ideas on subjects pertaining to cemetery and funeral home development, operation, and management for mutual benefit and protection.*

### CEMETERY INFORMATION:

Recommended:

Yes, by ICFHA member: \_\_\_\_\_  
 No, I am in need of a Sponsor.  No, I am a current member

NAME OF CEMETERY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE- **PLUS 4**

TYPE OF CEMETERY OWNERSHIP: \_\_\_\_\_  
(Private, Association, Public, Religious, Fraternal or Combo,)

TELEPHONE \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE \_\_\_\_\_

TOWNSHIP \_\_\_\_\_

COUNTY \_\_\_\_\_

**PHYSICAL LOCATION BY ROADS (If different from above):**

NUMBER OF INTERMENTS PER YEAR: \_\_\_\_\_

HOW MANY ACRES: \_\_\_\_\_

**DATE THE CEMETERY:**

BEGAN: \_\_\_\_\_ INCORPORATED: \_\_\_\_\_

**LIST OF SERVICES AND MERCHANDISE:** Use the Product Code above to list the services and merchandise your location provides.

**DUES:** Contact office for current dues **Due:** \_\_\_\_\_

Check if this application is for the Mentor Program.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### REPRESENTATIVE INFORMATION:

NAME OF REGISTERED REPRESENTATIVE \_\_\_\_\_

OFFICIAL POSITION \_\_\_\_\_

REPRESENTATIVE PREFERRED MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE - **PLUS 4**

TELEPHONE \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Additional Representatives are \$90.00 each and must be listed on reverse side.

### ADDITIONAL CEMETERY INFORMATION:

STATE SENATOR/DIST: \_\_\_\_\_

STATE REPRESENTATIVE/DIST: \_\_\_\_\_

**LICENSED FOR:** (Check appropriate line)

- Cemetery Care Funds  
 Pre-Need Cemetery Sales  
 Funeral and Burial Trust Funds

**NEWSLETTER:** The ICFHA newsletter "The Newsette" is an on-line publication published nine times a year for members only. The Newsette contains up-to-date legislative information, legal column, and the latest information affecting our industry. Those not having access to on-line or wishing to have a hard copy, may request a subscription newsletter for a fee of **\$45.00** for the year.

**YES**, I wish to receive a printed copy of The Newsette. (Add \$45.00 to dues)

**NO**, I will receive my newsletter on-line. Send my on-line access code.



Please mail this completed application along with your check to:

ICFHA ATTN: MEMBERSHIP COMMITTEE 14608 JOHN HUMPHREY DR. ♦ ORLAND PARK IL 60462