

**To Renew or Become A Member of  
The Ohio Cemetery Association**

Complete This Form

<b>DUES STRUCTURE</b>		<b>January 1, 2014 – December 31, 2014</b>
<i># Of Interments Per Year (Circle Category)</i>	<i>Your Property May Have Without Additional Cost</i>	<i>Annual Cost</i>
<b>Less than 100</b>	<b>One (1) Voting Member</b>	<b>\$ 95.00</b>
<b>100 -- 199</b>	<b>One (1) Voting Member</b>	<b>\$125.00</b>
<b>200 -- 299</b>	<b>One (1) Voting Member</b>	<b>\$250.00</b>
<b>300 -- 449</b>	<b>One (1) Voting Member and One (1) Associate Member</b>	<b>\$365.00</b>
<b>450 -- 599</b>	<b>One (1) Voting Member and One(1) Associate Member</b>	<b>\$505.00</b>
<b>600 -- 799</b>	<b>One(1) Voting Member and Two (2) Associate Members</b>	<b>\$655.00</b>
<b>800 or More</b>	<b>One (1) Voting Member and Three (3) Associate Members</b>	<b>\$880.00</b>
<b>For Each Additional Associate Member</b>		<b>\$50.00</b>
<b>Supplier Member</b>		<b>\$150.00</b>

*I hereby make application for membership to the Ohio Cemetery Association (OCA). By signature below, I acknowledge that I have read and understand the Association's "Code of Ethics," and upon election to the Association, I agree to adhere to them. Further, I understand that my application is subject to review by the OCA Board.*

**Name(s)** \_\_\_\_\_

**Cemetery/Company** \_\_\_\_\_

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

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

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

Please complete & return this application to:  
Jan Burrowes, Secretary-Treasurer  
Ohio Cemetery Association  
219 Webbshaw Drive Centerville, OH 45458