

GEORGIA MUNICIPAL CEMETERY ASSOCIATION

APPLICATION FOR MEMBERSHIP

“Service, Care, and Professionalism in Cemetery Management”

Name:

Title:

Mailing Address:

City:

State:

ZIP:

Address:

County:

Business Phone:

Other Phone:

Fax:

Email Address:

Secondary Email Address:

Website:

WHAT LEVEL OF MEMBERSHIP ARE YOU APPLYING FOR? (PLEASE SELECT ONE)

SUPPORTING MEMBER (Non-voting)

\$100.00 PER YEAR

PROFESSIONAL MEMBER (Voting)

\$ 50.00 PER YEAR

ASSOCIATE MEMBER (Non-voting)

\$ 25.00 PER YEAR

LEVELS OF MEMBERSHIP DESCRIPTIONS

SUPPORTING MEMBER: Supporting members shall be entities or individuals doing business with a member or members of the association that wish to be affiliated with Professional and Associate members. Supporting members can include but are not limited to vendors, equipment suppliers, funeral homes or employees of the above, etc. They may participate in all meetings and events and are eligible for membership discounts at all events.

PROFESSIONAL MEMBER: Professional members shall be employed with a municipal or county government agency OR are officers of a nonprofit cemetery association AND be directly involved with the management, administration or operation of one or more public cemeteries within the State of Georgia. General members may hold office, serve on committees, make motions on the floor and vote on all business presented at the General Assembly.

ASSOCIATE MEMBER: Associate members shall be or previously have been directly or indirectly involved with one or more public or nonprofit cemeteries. Associate members may participate in all meetings and events of the Association, serve on committees and are eligible for membership discounts at all events. Associate members may not hold office, chair committees, make motions on the floor or vote on any business of the Association.

PAYMENT INFORMATION

Credit Card Type: (Select One)

____ Visa ____ Mastercard ____ Amex ____ Discover

Credit Card #:

Name as it appears on Card:

Expiration Date: ____ / ____ Security Code on back of card: _____

IF YOU PREFER, YOU MAY PRINT AND SUBMIT THIS FORM ALONG WITH YOUR MEMBERSHIP DUES TO:
GEORGIA MUNICIPAL CEMETERY ASSOCIATION
c/o Richard Gerbasi, Treasurer
330 Bonaventure Road
Savannah, GA 31404