

SCCFA MEMBERSHIP APPLICATION FORM

Completely fill out this form (PLEASE PRINT CLEARLY), sign and date it, and return to:

SCCFA, 100 Old Cherokee Rd Ste F-310, Lexington, SC 29072 ~Phone: (803)239-8346 ~ laurieqargis.sccfa@gmail.com

The undersigned hereby applies for membership to the Southern Cemetery, Cremation & Funeral Association according to the categories designated below. Upon election, the undersigned agrees to the following: To abide by the Code of Ethics and By-laws. Understanding that false information given on this application will be considered cause for forfeiture of membership: To give complete and accurate answers to the best of my (our) ability.

Categories of Membership Applied For:

Check One Only*. Call the SCCFA for questions concerning categories and membership category descriptions.

Active \$260.00

Small Active (150 burials & under)..... \$130.00

Active Multi-Ownership:

The first cemetery/funeral home \$260.00

Additional location or representative..... \$130.00

Associate..... \$130.00

Student/Intern (please attach proof of status) \$99.00

Professional / Supplier \$260.00

Associate Suppler & Professional..... \$130.00

Affiliate..... \$130.00

Allied Industries..... \$130.00

SPECIAL RATE* - First Year Membership \$99.00

* (If paying special 1st year rate, please also check the appropriate membership category box for future billing

Individual's Name _____

Title: _____

Parent Company (if Multi-Ownership Member) _____

RECOMMENDED BY (current SCCFA Member)

Sponsor Name _____

Funeral Home/Cemetery/Company _____

Cemeterians Check items available in your cemetery.

- | | |
|--|---|
| <input type="checkbox"/> Lots | <input type="checkbox"/> Lawn Crypts |
| <input type="checkbox"/> Garden Crypts | <input type="checkbox"/> Columbarium |
| <input type="checkbox"/> Crematorium | <input type="checkbox"/> Community Mausoleum |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Individual Mausoleum |
| <input type="checkbox"/> Bronze | <input type="checkbox"/> Monuments |

Funeral Directors Check items available in your funeral home.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Caskets | <input type="checkbox"/> Cemetery Lots |
| <input type="checkbox"/> Vaults | <input type="checkbox"/> Crematorium |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Memorials/Monuments |
| <input type="checkbox"/> Urns | <input type="checkbox"/> Open/Closing Services |
| <input type="checkbox"/> Flowers | <input type="checkbox"/> Mortuary |
| <input type="checkbox"/> Other: _____ | |

Should you wish to pay using a credit card, please email this completed application and we will email you an invoice which can be paid electronically. You may also complete this from on-line at:

[SCCFA Membership App](#)

For mail in option, complete this form and mail in with you check payment to the address at the top of this form.

Signature _____

Date: _____

Funeral Home/Cemetery/Company Name _____

Address _____

City/State/Zip _____

Office #: _____ Cell #: _____

Email Address _____

[Click here to Print](#)

SCCFA REGION

Alabama Arkansas Delaware Florida Georgia Kentucky Louisiana Maryland
Mississippi North Carolina Oklahoma South Carolina Tennessee Texas Virginia West Virginia

Application for membership in the Southern Cemetery, Cremation & Funeral Association may be submitted to any member of the SCCFA, who will forward the same to the appropriate person for processing. All applications are subject to approval by the Board of Directors. Payment in the amount of the first year's dues must accompany the application. If the applicant is not accepted for membership, payment will be refunded in full.