



Massachusetts Cemetery Association

2010 MEMBERSHIP

Applicant _____

Business Name _____

Mailing Address _____

City, State, Zip _____

Phone, Fax , E-Mail, _____

Dated _____ Signature _____

(Annual dues run January through December)

_____ **SUPPLIER MEMBER** is a manufacturer or distributor of equipment, materials, and supplies to the cemetery, landscape maintenance or death care industry.

Annual Dues are \$100.00.

Thank you for your support as a supplier member!!

Checks Payable To;

Massachusetts Cemetery Association

P.O. Box 282

Milton, MA 02186

E-Mail: brian@wcmp.org