



KENTUCKY ASSOCIATION OF MORTICIANS, INC.
2020-2021 MEMBERSHIP FORM

AS AN EMBALMER AND/OR FUNERAL DIRECTOR, I PLEDGE TO ADHERE TO THE "CODE OF ETHICS",
COOPERATE WITH THE STATE AND NATIONAL ASSOCIATIONS AND ATTEND MEETINGS.

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|---|----------|
| 2020-2021 STATE & NATIONAL DUES (Due by August 2020) | \$425.00 |
| 2020-2021 STATE Auxiliary Membership Only (Funeral Industry Supporters) | \$75.00 |

Name (Print) _____ License Number _____
Signature _____
Name of Funeral Home _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Fax (____) _____
Email _____

| | |
|---|---------|
| Apprentice Membership (Complete This Section) | \$20.00 |
|---|---------|

Name _____
Name of Funeral Home _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ Email _____

Please return this form completed with your check payable to:

Kentucky Association of Morticians

Send to:

Gayle Shumake-Graham

Executive Secretary

P.O. Box 33353

Louisville, Kentucky 40232

For Office Use:

Date Received: _____

Check Number: _____

Mailed or onsite: _____

"In Union, There is Strength!"