



Cremation Association of North America Industry Membership Application

Firm Name: _____

Contact Name*: _____ Title: _____

Address†: _____

City: _____ ST/Prov: _____ Zip/Postal Code: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ Country: _____

E-mail: _____ Website: _____

**Memberships are held on a firm basis. The contact will receive important communications, but any employee can access benefits.*

† If your business mailing address differs from your physical address, please indicate as such and provide the other address below.

By applying for CANA Membership, you agree to accept postal mail, electronic mail, telephone calls, facsimiles and other communications by and on behalf of CANA Headquarters unless you notify CANA Headquarters in writing that you do not wish to receive such communications.

YES, I will accept communications. By checking this box, and with my signature below, I consent to receive communications by or on behalf of CANA Headquarters.

Signature: _____ Date: _____

CANA will never sell or rent your information to third parties, including current members.

As a benefit of your membership, the contact information and business details you provide will be listed in our online member directory. If you have questions or wish to be omitted, please contact CANA.

PLEASE CHECK TYPE OF MEMBERSHIP:

- SUPPLIER** (Dues: \$470)
- PROFESSIONAL or CONSULTANT** (Dues: \$470)
- ASSOCIATION or EDUCATION INSTITUTION** (Dues: \$470)

PLEASE SELECT ALL THAT APPLY:

Business Classification

- Industry Supplier
- Association
- Educational Institution
- Other _____

Products and Services

- Administrative and Business Support
- Cremation Caskets & Alternative Containers
- Columbarium & Mausoleum
- Consulting & Planning Services
- Cremation Equipment Sales & Services
 - Alkaline Hydrolysis
- Financial Services
- Insurance or Trust Services
- Keepsakes & Memorials
- Legal Support
- Publications, Industry or Consumer
- Recycling and Refining
- Technology or Software Provider
- Urns
- Vaults, Niches & Crypts
- Other _____

Please describe your business, in 200 words or less, in the area below (or attach description):

Payment:

Enclosed is a check made payable to CANA for \$ _____ (USD)

Canadian members are eligible to pay at the same price in CAD if paying by cheque.

Charge to the following credit card: Auto-Renew (new!)

Don't lose any CANA benefits with our new Dues Auto-Renewal feature!

MasterCard Visa American Express Discover

Credit Card #: _____ CVV: _____ ExpDate: ____/____

Cardholder's Name: _____

THE CANA CODE OF CREMATION PRACTICE (ON THE REVERSE SIDE) MUST BE SIGNED BEFORE APPLICATION CAN BE ACCEPTED.

Complete and submit this application with payment by fax, mail, or email to:

Cremation Association of North America
499 Northgate Parkway Wheeling, IL 60090-2646
Phone: (312) 245-1077 Fax: (312) 321-4098
E-mail: info@cremationassociation.org

CANA Use Initials: _____ CK #: _____
Received: _____ Processed: _____

Cardholder's Signature: _____



Code of Cremation Practice

In the practice of cremation, we believe:

In dignity and respect in the care of the deceased, in compassion for the living who survive them, and in the memorialization of life;

That a Cremation Authority should be responsible for creating and maintaining an atmosphere of respect at all times;

That the greatest care should be taken in the appointment of crematory staff members, any of whom must not, by conduct or demeanor, bring the crematory or cremation into disrepute;

That cremation should be considered as preparation for memorialization;

That the dead of our society should be memorialized through a commemorative means suitable to the survivors.

Signature: _____ Date: _____