



Cremation Association of North America Membership Application

Firm Name: _____

Contact Name*: _____ Title: _____

Address†: _____

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

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

E-mail: _____ Website: _____

** Note: CANA Memberships are held on a firm basis. The contact listed will receive important CANA communications. Affiliate Memberships are available to additional individuals or locations who maintain a Regular Membership.*

† 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 from CANA Headquarters and affiliates unless you notify CANA Headquarters in writing that you do not wish to receive such communications.

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

Signature: _____ Date: _____

Each membership **includes** one \$50.00 subscription to **The Cremationist** magazine (no additional payment).

PLEASE CHECK TYPE OF MEMBERSHIP:

REGULAR (Dues: \$470)

AFFILIATE* (Dues: \$135)

(Indicate Regular Member with whom Affiliated)

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

PLEASE SELECT ALL THAT APPLY:

Business Classification

- Cemetery
- Cremation Society
- Crematory
- Educational Institution
- Funeral Home
- Mortuary
- Pet Crematory
- Other _____

Cemetery Services

- Columbarium
- Garden Crypts
- In-Ground Burials
- Lawn Crypts
- Mausoleum
- Ossuary
- Pet Services
- Scattering Garden
- Urn Garden
- Green Burial
- Other _____

Payment:

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

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

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

Cardholder's Name: _____

Cardholder's Signature: _____

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: _____



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: _____