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# To Become A Member of the Ohio Cemetery Association

*“Caring Professionals Moving Forward Together”*

*Application for SUPPLIER membership for the year 2024*

Name(s) \_\_\_\_\_

Company \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Website: \_\_\_\_\_

Signature \_\_\_\_\_

**Please complete & return this application along with your check in the amount of \$200.00 for the Annual Dues (January-December) made payable to the OHIO CEMETERY ASSOCIATION**

**If you have any questions, please call:**

Jan Burrowes, OCA Secretary-Treasurer