



CATHOLIC CEMETERY GUILD DIOCESE OF BROOKLYN

MEMBERSHIP APPLICATION

DEAR SIR OR MADAM:

I WISH TO BE CONSIDERED FOR MEMBERSHIP INTO THE *CATHOLIC CEMETERY GUILD*.

Name _____
(please print)

Firm Name _____

Position _____

Address _____

Phone Number _____

Fax Number _____

E-Mail Address _____

Profession _____

Signature _____ Date: _____

Sponsor _____

Address _____

Phone Number _____

One-time initiation fee \$25.00 and Membership fee \$125.00 must be enclosed before membership will be considered. Please make check payable to *Catholic Cemetery Guild*.

Completed application should be returned to:

Catholic Cemetery Guild
c/o Catholic Cemeteries
80-01 Metropolitan Avenue
Middle Village, NY 11379

APPROVAL: Guild Board of Director _____
(President) (Date)

Chief Operating Officer of
Catholic Cemeteries _____
(Date)

Spiritual Moderator of
Catholic Cemeteries _____
(Date)