

Vermont Cemetery Association Membership Application

Cemetery/Vendor**: _____

Main Contact: _____

Street / PO Box: _____

City / State / Zip: _____

Phone #: _____ E-mail: _____

(required)

Calendar Year: _____

Website Address (if applicable): _____

** Vendor members: If you do not have a website, please provide a short business bio for our website.

Calendar Year Dues = \$25.00

Payable to "VCA" and mail to:
Jane Paine, Sec/Treas.
137 Goddard Nisbet Road
Morrisville, VT 05661

Questions? Contact Patrick Healy, President @ 223-5352