



# 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: \$539)

**PROFESSIONAL or CONSULTANT**  
(Dues: \$539)

**ASSOCIATION or  
EDUCATION INSTITUTION** (Dues: \$539)

**PLEASE SELECT ALL THAT APPLY:**

**Business Classification** → **Products and Services**

- |  |   |
|--|---|
| <input type="checkbox"/> Industry Supplier       | <input type="checkbox"/> Administrative and Business Support        |
| <input type="checkbox"/> Association             | <input type="checkbox"/> Cremation Caskets & Alternative Containers |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Columbarium & Mausoleum                    |
| <input type="checkbox"/> Other _____             | <input type="checkbox"/> Consulting & Planning Services             |
|  | <input type="checkbox"/> Cremation Equipment Sales & Services       |
|  | <input type="checkbox"/> Alkaline Hydrolysis                        |
|  | <input type="checkbox"/> Financial Services                         |
|  | <input type="checkbox"/> Insurance or Trust Services                |
|  | <input type="checkbox"/> Keepsakes & Memorials                      |
|  | <input type="checkbox"/> Legal Support                              |
|  | <input type="checkbox"/> Publications, Industry or Consumer         |
|  | <input type="checkbox"/> Recycling and Refining                     |
|  | <input type="checkbox"/> Technology or Software Provider            |
|  | <input type="checkbox"/> Urns                                       |
|  | <input type="checkbox"/> Vaults, Niches & Crypts                    |
|  | <input type="checkbox"/> 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  
*Don't lose any CANA benefits with our Dues Auto-Renewal feature!*

MasterCard  Visa  American Express  Discover

Credit 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](mailto:info@cremationassociation.org)

CANA Use Initials: \_\_\_\_\_ CK #: \_\_\_\_\_  
Received: \_\_\_\_\_ Processed: \_\_\_\_\_



# Code of Cremation Practice

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*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.*

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_