

Institute of Cemetery & Crematorium Management

APPLICATION FOR ASSOCIATE CORPORATE MEMBERSHIP OF THE ICCM

Please read the NOTES overleaf before completing this form

<p>1. Name of Organisation.....</p> <p>Address.....</p> <p>.....</p> <p>Contact details:</p> <p>Telephone..... Fax..... Email.....</p>

<p>2. a) Type of Organisation [delete as applicable] Company / Firm / Partnership</p> <p>Other (Please state).....</p> <p>b) I/We am/are a Manufacturer / Supplier of Goods / Supplier of Services to the cemetery and crematorium service.</p> <p>Other (Please state).....</p>
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<p>3. Name of individual nominated to act on behalf of the organisation stated in 1 and 2 above:</p> <p>Print name in full..... Signed.....</p> <p>Date.....</p> <p>Telephone:..... Fax:..... Email:.....</p>
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<p>4. Name of individual nominated to act in the absence of the person appointed at 3 above</p> <p>Print name in full..... Signed.....</p> <p>Date.....</p> <p>Telephone:..... Fax:..... Email:.....</p>

<p>5. AUTHORISATION – This section MUST be completed by an authorised person. (This authorisation MUST be completed and signed by a Director or Company Secretary).</p> <p>I hereby declare that the within named organisation confirms its eligibility to apply for Associate Corporate Membership of the Institute and that the within named representative(s) will act on its behalf and in doing so will abide by the Institute’s Memorandum and Articles of Association, Byelaws and other regulations from time to time in force.</p> <p>Print name in full..... Signed.....</p> <p>Date.....</p> <p>Telephone:..... Fax:..... Email:.....</p>

<p>For Office use: Membership No..... Invoice No..... Date Paid.....</p>

NOTES

1. Associate Corporate Membership is available to companies, firms and partnerships providing products and services ancillary or incidental to services directly relating to burial and cremation and public services connected with the same.
2. Associate Corporate Members may appoint an “executive representative” to act on their behalf. Such representative may attend general meetings but does not have the right to vote.
3. In accepting associate corporate membership of the Institute it is acknowledged that actions and conduct of the employees of the associate corporate member and, in particular, their nominated representative, shall be deemed to be those of the associate corporate member and may, in the case of inappropriate behaviour or conduct, render the associate corporate member liable to disciplinary action by the Institute.
4. Any change to the nominated executive representative should be notified immediately to the Chief Executive and Company Secretary of the ICCM at its registered office.
5. Correspondence will be addressed to the executive representative unless otherwise notified.

Fee for Associate Membership of the Institute £160.00

Please return your completed Application Form and appropriate fee or official order to:
ICCM National Office, City of London Cemetery, Aldersbrook Road, Manor Park, London, E12 5DQ

Please make cheques payable to ICCM

Should you require assistance in respect of making this application for membership please contact the ICCM National Office on:

Tel: 020 8989 4661

Fax: 020 8989 6112

Email: iccmjulie@gmail.com