



KENTUCKY ASSOCIATION OF MORTICIANS, INC.  
MEMBERSHIP FORM

AS AN EMBALMER AND/OR FUNERAL DIRECTOR, I PLEDGE TO ADHERE TO THE "CODE OF ETHICS",  
COOPERATE WITH THE STATE AND NATIONAL ASSOCIATIONS AND ATTEND MEETINGS.

STATE & NATIONAL DUES (Due by August of each year)	\$425.00
STATE Auxiliary Membership Only (Funeral Industry Supporters)	\$75.00

Name (Print) \_\_\_\_\_ License Number \_\_\_\_\_  
Signature \_\_\_\_\_  
Name of Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

Apprentice Membership (Complete This Section)	\$20.00
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Name \_\_\_\_\_  
Name of Funeral Home \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Please return this form completed with your check payable to:  
Kentucky Association of Morticians

Send to:  
Gayle Shumake-Graham  
Executive Secretary  
P.O. Box 33353  
Louisville, Kentucky 40232

Phone: 502-772-3123 or 502-458-6214

Visit us online at: [www.https://kyams.org](https://kyams.org)

For Office Use:

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_

*"In Union, There is Strength!"*