



Cremation Association of North America Student Membership Application

Name: _____ Education Institution: _____

Primary Address*: _____

City: _____ ST/Prov: _____ Zip/Postal Code: _____

Phone: (____) _____ - _____ E-mail: _____

** Note: If your 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 from CANA Headquarters and affiliates unless you notify CANA Headquarters in writing that you do not wish to receive such communications.

YES, I will accept fax communications. By checking this box, and with my signature below, I consent to receive facsimile communications by or on behalf of CANA Headquarters and affiliates.

Signature: _____ Date: _____

Each membership **includes** one \$50.00 subscription to ***The Cremationist*** magazine (no additional payment).

Student Membership Eligibility and Dues

These dues are in effect for 12 months.

Student Membership Dues: \$35.00 USD

The below criteria apply for all applicants to be eligible for CANA student membership.

- Students can be part- or full-time and must be enrolled in a recognized program.
- All students must have their Program Coordinator/Instructor sign their application for membership.
- Students will not have a listing in the CANA Membership roster or website and cannot vote on association business or hold an office in the association.
- Students will not be permitted to use the CANA logo on business cards or any promotional material.
- Student memberships can be held for a maximum of two years (additional years for students or apprentices will be at the discretion of CANA).

Statement by Education Institution Faculty or Staff Member

As _____ (title) in the area of Mortuary Science and/or Cremation, I have read this application, student status, and attest to its accuracy.

Name

Signature

Phone Number

Date

Payment:

Enclosed is a check made payable to CANA for \$ 35.00 (USD)

Charge to the following credit card:

MasterCard Visa American Express Discover

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

CANA Use Initials: _____ CK #: _____
Received: _____ Processed: _____



Code of Cremation Practice

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.

Signature: _____ Date: _____