ARKANSAS DEPARTMENT OF COMMERCE | ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION - BURIAL ASSOCIATIONS

ANNUAL REPORT: MEMBER CERTIFICATION STATEMENT

This Member Certification Statement is required to report the number of "active" Burial Association members on both the "Old" B.A. Business (Act 91 of 1953) and the "New" B.A. Business (Act 443 of 1987) as of **December 31, 20____**.

I, _____, hereby certify that the _____
B.A. Secretary/Treasurer Name (Please Print) Burial Association/Society Name (Please Print)

had, as of January 1st (following the year-end date referenced above), the following "active" membership counts:

	"Active" Members Count (Dec. 31st)	Membership Fee Due **$0.20** per "Active" Member
❑ "Old" B.A. Block Member Count (Up to 07-19-1987):	_____	_____
❑ "New" B.A. Block Member Count (07-19-1987 & After):	_____	_____
Combined Count(s)/Total(s):	_____	_____

In addition to the per-member fee due for each "active" member, please remember that the **Annual Fee** due with the B.A. Annual Report is **$600.00** per Association.

Enclosed is a check/cashier's check/money order in the **total amount** of **$**_____, in payment of the fee(s) due with the B.A. Annual Report [as originally set forth under Act 91 of 1953, as amended].

I further certify that the Association/Society holds an active **Fidelity Bond** with an approved corporate surety; the fidelity bond is in "good standing" status; and the fidelity bond is in an amount *not less than* $2,500.00:

_____	_____	_____	_____
Fidelity Bond Issuer (Agency) (Please Print)	Fidelity Bond Number	Fidelity Bond Amount	Paid Through Date

I certify the above information to be true and correct, to the best of my knowledge and belief.

_____	_____	_____
B.A. Secretary/Treasurer Signature	Current Email Address	Date Completed/Signed

NOTARY PUBLIC [Notary Seal or Stamp]

State: _____

County: _____

Subscribed and sworn to before me, this _____ day of _____, 20 ___.

_____	_____
Notary Public Signature	My Commission Expires