

Kentucky Coroner's Association

2025 Annual Membership Dues

\$75.00 (per member)

(Memberships run Jan. 1 – Dec. 31st)



Please complete one form per person.

COUNTY: _____

NAME: _____

CERTIFICATION # _____

Please circle your title:

CORONER

DEPUTY CORONER

HONORARY MEMBER

M.E. Staff /Other

Year you took Basic Training. **Basic Training** _____

Year award received. (If Applicable) **Advanced Coroner:** _____ **Master Coroner** _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE #

BUSINESS: _____

CELL _____

E-MAIL: _____

PLEASE RETURN THIS COMPLETED FORM AND CHECK PAYABLE TO:

Kentucky Coroner's Association
Brian L. Ritchie, Exec. Secretary
P.O. Box 730
Lawrenceburg, KY 40342
Phone (502) 839-5151