

Kentucky Coroner's Association

2026 Annual Membership Dues

\$75.00 (per member)

(Memberships run Jan. 1 – Dec. 31st)



Please complete one form per person.

COUNTY: _____

NAME: _____

CERTIFICATION # _____

Please check 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 COMPLETED FORM AND CHECK PAYABLE TO:

Kentucky Coroner's Association
Farris Marcum, Treasurer
319 West Main Street
Stanford, KY 40484
ky.coroners.assoc@gmail.com