



P. O. Box 1865 Roswell 30077 • 1001 Bombay Lane Roswell 30076 • 770-592-5902 / 770-592-3686 (fax) • staff@gfda.org

AFFILIATE MEMBERSHIP APPLICATION / RENEWAL DUES FOR 2019 CALENDAR YEAR

AFFILIATE MEMBER: Any funeral supply salesperson, manufacturer’s representative, or allied industry representative cooperating with the funeral service profession in Georgia shall be eligible for *Affiliate Membership* in this Association. *Affiliate Members* shall not be entitled to vote or hold office, but may speak on the floor of the Annual Conference.

**This form should be completed in full and returned with your payment.
Please clearly print or type all information as it should appear in our directory and on our website.**

AFFILIATE MEMBER NAME _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY/STATE _____ **COUNTY** _____ **ZIP** _____

PHYSICAL ADDRESS _____

CITY/STATE _____ **COUNTY** _____ **ZIP** _____

PHONE# () _____ **FAX #** () _____

WEBSITE _____

E-MAIL ADDRESS _____

NOW USED FOR ALL GFDA ALERTS AND BEREAVEMENT NOTICES INSTEAD OF FAX

**Please fully complete this entire form and return it with your payment via mail, email, or fax to GFDA.
(USPS: P.O. Box 1865, Roswell, GA 30077 / Email: staff@gfda.org / Fax 770-592-3686)**

TO THE MEMBERS AND THE EXECUTIVE COMMITTEE:

Being desirous of active participation in the advancement of the funeral profession and with full recognition of the importance of the Association to the profession, to my colleagues, and to me, I hereby make application for Affiliate Membership in GFDA.

I further agree that if I am accepted as a member of this Association, I will abide by the Charter, the Constitution, and Bylaws as they are now or may hereafter be amended, that I will support its objectives and interests and will pay the dues, as established, for the category of membership for which I am accepted. I herewith enclose my check or credit card information in the amount of \$125.00 for the calendar year 2019 as my dues for the advancement of funeral service and the Association.

DATE _____ **APPLICANT’S SIGNATURE** _____

Affiliate Membership \$125.00

_____ **Check enclosed:** Mail to GFDA, P.O. Box 1865, Roswell, GA 30077

_____ **Pay by Credit Card:** Email to staff@gfda.org OR Fax to 770-592-3686

Credit Card # _____

Type of Card _____ **Exp. Date** _____ **Card Code** _____
(4 digits, front of card for AmEx; 3 digits, back of card for Visa/MC)

Card Billing Address _____

Card Billing ZIP _____ **Receipt Email** _____

Signature for Approval _____