

Membership Form

INDEPENDENT FUNERAL DIRECTORS ASSOCIATION, INCORPORATED

(Applicants must complete **ALL** of the top portion and any other information that pertains to you)

Title Preference: Mr. Ms. Mrs. Miss Dr. Reverend Minister Elder Bishop Attorney
(CIRCLE ONE)

Full Name: _____
FIRST MIDDLE LAST SUFFIX

Primary Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Cell Phone:** (____) _____ **Fax:** (____) _____

Primary Email Address: _____ **Date of Birth:** ____/____/____

Emergency Contact: _____
FULL NAME PHONE

GENERAL MEMBERSHIP DUES:

State Dues Only	\$200.00
National Dues Only (SEND DIRECTLY TO THE NATIONAL OFFICE)	\$450.00
National Dues	\$400.00
State and National Dues	\$600.00

Primary Duty: Owner Manager Employee
 Licensed Funeral Director Licensed Embalmer Licensed Mortician

Full Name: _____
FIRST MIDDLE LAST SUFFIX

Licensed Mortician's Number: _____ **Licensed Funeral Director's Number:** _____

Licensed Embalmer's Number: _____ **CFSP Certification Number:** _____

State of Issuance: _____ **Are you CPC Certified?** _____

Company Name: _____

Company Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Fax:** (____) _____

List Memberships in other Funeral Professional Associations and any Public Offices Held:



CHECKS MADE PAYABLE TO – INDEPENDENT FUNERAL DIRECTORS ASSOCIATION OF TEXAS, INC
MAIL TO: 2124 DALLAS ST, WACO, TX 767045 | FOR QUESTIONS: Call (254) 214-5649 or Email ifdatexas@aol.com

CardNumber: _____

Name on Card: _____

Expiration Date: _____ **CVV:** _____

Signature: _____ **Email:** _____