



INDEPENDENT FUNERAL DIRECTORS OF FLORIDA
APPLICATION FOR FIRM MEMBERSHIP

Full year dues payable with first year membership — 2nd year pro-rated to reflect unused dues
Membership year May 1 - April 30

Pursuant to Section 6033(e)(1) Internal Revenue Code of 1986 as amended by Section 13222 of the Omnibus Budget Reconciliation Act of 1993, no part of your dues are considered to be deductible.

Date of Application:
Owner:
FDIC at Main Location (If different from above):
Name of Business:
Address
City/State/Zip
Funeral Establishment #:
Phone:
Email:
Number of Locations:

Other Locations (Use another sheet if necessary)

Name of Business:
FDIC:
Address
City/State/Zip
Funeral Establishment #:
Phone:
Email:

For calculation of dues, "cases" include all services with the exception of infant cases and services provided for other funeral directors.

Please Check One

- 0-50 cases per year \$175
51-100 cases per year \$225
101-150 cases per year \$275
151-200 cases per year \$325
201-250 cases per year \$425
251-300 cases per year \$525
301-350 cases per year \$625
351-400 cases per year \$725
401-500 cases per year \$825
501+ cases per year \$925

- Willing to Serve on a Committee?
Member of FFDA?
Member of NFDA?
Member of OGR?
Member of NSM (SIFH)?

Table with 2 columns: Yes, No. Rows corresponding to the questions in the previous block.

Please provide the names of two IFDF Members who can provide information with regard to your character and professionalism.
For a list of IFDF Members within your region, call the IFDF office at (800) 386-8778

IFDF Member Name
IFDF Member Phone #

IFDF Member Name
IFDF Member Phone #

This is to certify that the above applicant is an independently owned and operated funeral establishment, licensed in the state of Florida. I agree, as the owner, president, or partner to receive notices, advertisements, announcements, brochures, invoices, and other information from IFDF via facsimile. I further agree that my express permission to fax will continue and have no date of expiration.

Signature
Date

Payment Check (Make checks payable to IFDF) Visa MC AmEx

Credit Card #
Exp. Date

3 digit security code on back of Visa and MC or 4 digit security code on front of AmEx

Name as it appears on card

Authorized Signature

SUBMIT PAYMENT AND APPLICATION TO:
IFDF *P.O. Box 10969* Tallahassee, FL 32302-2969
PHONE (800) 386-8778 * FAX (850) 425-5268