



ASSOCIATION OF

# Independent Funeral Directors of Florida

P.O. Box 10969

Tallahassee, FL 32302-2969

## IFDF Affiliate Membership Application

*Please Print:*

Name \_\_\_\_\_

Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Web Address \_\_\_\_\_

What Type of Products or Services \_\_\_\_\_

Primary franchise zones in Florida \_\_\_\_\_

ANNUAL DUES \$150.00

Membership Year Runs September 1-August 31

### 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 \_\_\_\_\_

Billing Address \_\_\_\_\_

Check if same as above

Authorized Signature \_\_\_\_\_

**SUBMIT PAYMENT AND APPLICATION TO:**  
**IFDF \*P.O. Box 10969\* Tallahassee, FL 32302-2969**  
**PHONE (800) 386-8778 \* FAX (850) 222-7168**  
**OR apply online at [www.ifdf.org](http://www.ifdf.org)**