



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, 60% of your dues are not considered to be deductible.

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

Other Locations (Use another sheet if necessary)

Name of Business: _____
FDIC: _____ FE# _____
Address _____
City/State/Zip _____
Funeral Establishment #: _____
Phone: _____ Fax: _____
Email: _____ Web Site: _____

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

	Yes	No
Willing to Serve on a Committee?	<input type="checkbox"/>	<input type="checkbox"/>
Member of FFDA?	<input type="checkbox"/>	<input type="checkbox"/>
Member of NFDA?	<input type="checkbox"/>	<input type="checkbox"/>
Member of OGR?	<input type="checkbox"/>	<input type="checkbox"/>
Member of NSM (SIFH)?	<input type="checkbox"/>	<input type="checkbox"/>

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 Name _____

IFDF Member Phone # _____

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**