



INDEPENDENT FUNERAL DIRECTORS OF FLORIDA
P.O. Box 10969
119 E. PARK AVENUE
TALLAHASSEE, FL 32302-2969

IFDF Individual Membership Application

Please Print:

Name _____ **Phone:** () _____

Address _____ **Fax:** () _____

_____ **E-Mail:** _____

Applying for (check one):

Non-owner practicing funeral director (\$10.00)

Must work at a member firm

Student member (free)

Must plan on working for an independent funeral home in Florida

Funeral Home or Mortuary School name:

ANNUAL DUES \$10.00

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 _____

Send completed application with dues payment to: IFDF, P.O. Box 10969, 119 E. Park Ave. Tallahassee, Florida 32302-2969 PHONE (850) 222-0198 / FAX (850) 425-5268