

MFDA MICHIGAN FUNERAL
DIRECTORS ASSOCIATION
MEMBERSHIP APPLICATION

Name of funeral firm: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Area Code: _____ Number: _____

Email: _____

Is your firm a licensed funeral establishment? _____ License # _____

Do you have a preneed license? _____ License # _____

Is your firm: a Sole Proprietorship? _____

a Partnership? _____

a Corporation? _____

If corporation, please list all of the officers, Board of Directors and shareholders of the corporation, or if partnership, all partners.

Do you own, manage, act as an agent for and/or are you employed by a cemetery in the state of Michigan? _____

Have you previously been a MFDA Member? _____

If so, please give dates and reason for withdrawal. _____

List the names of all mortuary science licensees working at your firm and their respective license numbers:

List all branches and locations:

How many services did you handle in last previous year? _____

Name of principal owner or manager

Signature of principal owner or manager

Date

Dues for the current year must be paid in full. (All applications for readmission must additionally include any dues that are in arrears).
_____ Members of MFDA will automatically also be enrolled as members or shareholders of MFDA Services Corporation. Check here is you do ***not*** want your firm to be included as a member or shareholder of MFDA Services Corporation. Membership will ***not*** require additional dues.

Approved by Board of Directors: _____