

## AFFILIATE MEMBERSHIP APPLICATION

Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Area Code: \_\_\_\_\_ Number: \_\_\_\_\_

Nature of funeral service – related trade or profession.

\_\_\_\_\_

Are you currently employed by a funeral home (other than as a subcontractor?)

\_\_\_\_\_

Have you previously been a MFDA Member? \_\_\_\_\_

If so, please give dates and reason for withdrawal. \_\_\_\_\_

\_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*All applications must be accompanied by a check for the dues (\$75) for the current year. (All application for readmission must additionally pay any dues that are in arrears).*