

NON-RESIDENT MEMBERSHIP APPLICATION

Name: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Fax: _____

Email: _____

Are you currently a member of your state association? Yes _____ No _____

If so, which state association? _____

Are you currently a licensed funeral director in Michigan? Yes _____ No _____

If so, please provide your Michigan license number _____

Name

Signature

Date

All applications must be accompanied by a check for the dues (\$150) for the current year. (All application for readmission must additionally pay any dues that are in arrears).

Michigan Funeral Directors Association
2420 Science Parkway
Okemos, MI 48864
(517) 349-9565
(517) 349 9819 FAX