

**MFDA** MICHIGAN FUNERAL  
DIRECTORS ASSOCIATION  
**STUDENT MEMBERSHIP APPLICATION**

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

Address: (please list the address where you would like MFDA communications sent):

\_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mortuary School Name:

\_\_\_\_\_

Are you currently employed by or affiliated with a Michigan funeral home? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the name below:

\_\_\_\_\_

What is your expected year of graduation from Mortuary School? \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***All applications must be accompanied by a \$25.00 check for the dues 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