



INDEPENDENT FUNERAL DIRECTORS OF FLORIDA APPLICATION FOR FIRM MEMBERSHIP

Pursuant to Section 6033(e)(1) Internal Revenue Code of 1986 as amended by Section 13222 of the Omnibus Budget Reconciliation Act of 1993, no part of your dues are considered to be deductible. Membership year runs September 1-August 31.

Date of Application: _____

Owner: _____

E:Mail: _____ Cell: _____

Name of Business: _____

Mailing Address _____

City/State/Zip _____ County: _____

Physical Location if Different: _____

Funeral Establishment #: _____ Preneed License: Y or N Cinerator: Y or N

Phone: _____ Fax: _____

FDIC at Main Location (*If different from above*): _____

Email: _____ Web Site: _____

Total Number of Locations: _____

FDIC at LOCATION # 2): _____

E:Mail: _____ Cell: _____

Name of Business: _____

Street Address _____

City/State/Zip _____ County: _____

Phone: _____ Fax: _____

FDIC at LOCATION # 3): _____

E:Mail: _____ Cell: _____

Name of Business: _____

Street Address _____

City/State/Zip _____ County: _____

Phone: _____ Fax: _____

FDIC at LOCATION # 4): _____

E:Mail: _____ Cell: _____

Name of Business: _____

Street Address _____

City/State/Zip _____ County: _____

Phone: _____ Fax: _____

Please use additional sheet for more than 4 locations. For calculation of dues, "cases" include all services with the exception of infant cases and services provided for other funeral directors.

Please Check One

- 0-50 cases per year \$175
- 51-100 cases per year \$225
- 101-150 cases per year \$275
- 151-200 cases per year \$325
- 201-250 cases per year \$425
- 251-300 cases per year \$525
- 301-350 cases per year \$625
- 351-400 cases per year \$725
- 401-500 cases per year \$825
- 501+ cases per year \$925

DUES AMOUNT: _____

This is to certify that the above applicant is an independently owned and operated funeral establishment, licensed in the state of Florida. I agree, as the owner, president, or partner to receive notices, advertisements, announcements, brochures, invoices, and other information from IFDF via facsimile or email. I further agree that my express permission to fax or email will continue and have no date of expiration.

Signature _____ Date _____

Payment _____ Check (Make checks payable to IFDF) _____ Visa _____ MC _____ AmEx _____ Discover _____

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 _____

Authorized Signature _____

MAIL/ FAX/EMAIL TO:

IFDF, P.O. Box 10969, Tallahassee, FL 32302-2969

PHONE (800) 386-8778 * FAX (850) 222-7168

mhood@ifdf.org OR apply online at www.ifdf.org

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