



ASSOCIATION OF

# Independent Funeral Directors of Florida

P.O. Box 10969

Tallahassee, FL 32302-2969

## IFDF Individual Membership Application

*Please Print:*

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Applying for (check one):**

Non-owner practicing funeral director (\$40.00)

**Funeral Home Employer:** \_\_\_\_\_

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### Payment

\_\_\_\_\_ Check (Make checks payable to IFDF)      \_\_\_\_\_ Visa      \_\_\_\_\_ MC      \_\_\_\_\_ AmEx

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 \_\_\_\_\_

Billing Address \_\_\_\_\_

Check if same as above

Authorized Signature \_\_\_\_\_

**SUBMIT PAYMENT AND APPLICATION TO:**  
**IFDF \*P.O. Box 10969\* Tallahassee, FL 32302-2969**  
**PHONE (800) 386-8778 \* FAX (850) 222-7168**  
**E-Mail [mhood@ifdf.org](mailto:mhood@ifdf.org) OR Apply online at [www.ifdf.org](http://www.ifdf.org)**