



ASSOCIATION OF

Independent Funeral Directors of Florida

P.O. Box 10969

119 E. Park Ave.

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: _____

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