



ASSOCIATION OF

Independent Funeral Directors of Florida

P.O. Box 10969

119 E. Park Ave.

Tallahassee, FL 32302-2969

IFDF Student Membership Application

Please Print:

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Name of School: _____

Expected Grad Date: ____/____

MAIL/ FAX/EMAIL TO:

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

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

mhood@ifdf.org