



# Metropolitan Funeral Directors Association

## MEMBERSHIP APPLICATION

Please return completed application and fee to:

MetFDA  
322 8<sup>th</sup> Avenue, Suite 501  
New York, NY 10001

Tel: 800-763-8332 • Fax: 212-645-1147

**APPLY FOR MEMBERSHIP  
IN 3 EASY STEPS...**

### 1 Pick Your Membership Category (Please check all that apply)

**FUNERAL HOME:**  **Regular Member: \$700** Each "Regular Member" firm is represented by a designee. A designee is a licensed funeral director from the firm who is eligible to vote and run for elective office. Dues are a flat fee per firm location.  
*(Includes 1 Principal / Designee Contact)*

**INDIVIDUAL:**  **Affiliate Member: \$115** An additional licensed funeral director of a "Regular Member" firm who receives mail at the same firm. (An affiliate is a person, not a location.) An "Affiliate" is not eligible to vote or hold elective office.

**ASSOCIATE MEMBER:**  **\$850** Available to persons representing a firm or corporation engaged in selling products or services to members of the association, persons employed by government agencies and educational institutions, and members of the learned professions who provide services to the association and its members.

**OPTIONAL CONTRIBUTIONS:**  **Contributing Supporter: \$165** When you make an optional contribution in addition to your regular dues payment, you help MFDA continue to provide the information and services you rely on.  
 **Sustaining Supporter: \$275**

### 2 Fill in Your Contact Information (be sure to include complete information for all members applying)

Applicant/Designee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Firm/Company: \_\_\_\_\_ Web Address: www. \_\_\_\_\_

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REGULAR Members Only:**

Firm's NYS DOH Registration #: \_\_\_\_\_ DOH Pocket Card#: \_\_\_\_\_

**For Additional Applicants Only:**

Affiliate Name: \_\_\_\_\_ DOH Pocket Card#: \_\_\_\_\_  
Addr.: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Affiliate Name: \_\_\_\_\_ DOH Pocket Card#: \_\_\_\_\_  
Addr.: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### 3 Enter Your Payment Information

Amount enclosed: \$ \_\_\_\_\_

Method of Payment:  Check  Visa  MasterCard  AMEX

Acct. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Cardholder Signature: \_\_\_\_\_

Upon receipt of this application accompanied by payment for one year's dues (**see above**), the following steps will be taken:

1. License numbers will be confirmed with the NYS Department of Health.
2. The application will be presented to the Board of Directors for approval.

I understand the application process and if accepted for membership will in good faith abide by the MFDA Constitutions and By-Laws and any acts of the Association and its governing board.

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