

MEMBERSHIP APPLICATION

WEST VIRGINIA FUNERAL DIRECTORS ASSOCIATION, INC.

815 Quarrier Street — Suite 345
Charleston, West Virginia 25301

Firm Name: _____
(Please list additional locations on the back of this form at **NO** extra charge)

Name: _____ License # _____
(Please print name and license # of primary contact for your funeral home—includes *Director* subscription. Please list others on back.)

Street Address _____

*Mailing Address _____

City, State, Zip _____

*Telephone (____) _____ *FAX (____) _____

*Email: _____ Website: _____

WVFDA District _____ County _____

- Faxes are OK I do NOT wish to receive faxes
 E-mail is OK I do NOT wish to receive E-mail

Authorized Signature: _____ Date _____

For Office Use Only	
Check # _____	
Amount \$ _____	attributed to this form
Amount \$ _____	of check if for more than this form
Check Date _____	
Date Postmarked _____	
Date Received _____	

# of services for ALL locations	State Dues	District Dues	NFDA Dues	Total Dues
<input type="checkbox"/> 0-50	\$ 175.00	\$10.00	\$324.00+.70/death	\$ 509.00+.70/death
<input type="checkbox"/> 51-75	\$ 250.00	\$10.00	\$324.00+.70/death	\$ 584.00+.70/death
<input type="checkbox"/> 76-100	\$ 250.00	\$10.00	\$376.00+.70/death	\$ 636.00+.70/death
<input type="checkbox"/> 101-150	\$ 500.00	\$10.00	\$376.00+.70/death	\$ 886.00+.70/death
<input type="checkbox"/> 151-200	\$ 500.00	\$10.00	\$510.00+.70/death	\$1,020.00+.70/death
<input type="checkbox"/> 201-299	\$ 650.00	\$10.00	\$510.00+.70/death	\$1,170.00+.70/death
<input type="checkbox"/> 300-350	\$1,000.00	\$10.00	\$510.00+.70/death	\$1,520.00+.70/death
<input type="checkbox"/> 351-500	\$1,000.00	\$10.00	\$613.00+.70/death	\$1,623.00+.70/death
<input type="checkbox"/> 501-1,000	\$1,000.00	\$10.00	\$906.00+.70/death	\$1,916.00+.70/death
<input type="checkbox"/> 1,001+	\$1,000.00	\$10.00	\$1,128.00+.70/death	\$2,138.00+.70/death

NOTE: Please remember to add \$.70 per death to the total for NFDA dues.....\$ _____

TOTAL DUES (from total dues column which includes State, District, and NFDA dues).....\$ _____

NFDA RETIRED LICENSEE Members _____ @ \$65.00 EACH.....\$ _____
(not affiliated with a dues-paying firm)

NFDA APPRENTICE/INTERN Members _____ @ \$55.00.....\$ _____
(not affiliated with a dues-paying firm)

MORTUARY SCIENCE STUDENT NFDA DUES _____ @ \$35.00.....\$ _____

TOTAL ANNUAL DUES

\$ _____

NOTE: I hereby certify that I am actively, openly and lawfully engaged in the profession of funeral directing and or embalming and hereby make application for membership in the WEST VIRGINIA FUNERAL DIRECTORS ASSOCIATION, INC., and if accepted agree to abide by the Bylaws of the Association.

ACTIVE MEMBERS (NO EXTRA CHARGE)*

Please list all licensed employees, license #, and address (if address is different from funeral home for mailings)

NOTE: Funeral directors at a member firm may now request a FREE copy of *The Director* by placing a check mark beside your name

1. Name _____ License # _____ (mailing address IF different from funeral home)	4. Name _____ License # _____ (mailing address IF different from funeral home)
2. Name _____ License # _____ (mailing address IF different from funeral home)	5. Name _____ License # _____ (mailing address IF different from funeral home)
3. Name _____ License # _____ (mailing address IF different from funeral home)	6. Name _____ License # _____ (mailing address IF different from funeral home)

RETIRED LICENSEES*

1. Name _____ License # _____ (mailing address IF different from funeral home)	2. Name _____ License # _____ (mailing address IF different from funeral home)
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APPRENTICE MEMBERSHIP*

1. Name _____ (mailing address IF different from funeral home)	2. Name _____ (mailing address IF different from funeral home)
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STUDENT MEMBERS* (NFDA Dues \$35.00)

1. Name _____ (mailing address IF different from funeral home)	2. Name _____ (mailing address IF different from funeral home)
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AFFILIATED MEMBERS* (WVFDA Only - No Extra Charge)

1. Name _____ (mailing address IF different from funeral home)	4. Name _____ (mailing address IF different from funeral home)
2. Name _____ (mailing address IF different from funeral home)	5. Name _____ (mailing address IF different from funeral home)
3. Name _____ (mailing address IF different from funeral home)	6. Name _____ (mailing address IF different from funeral home)

BRANCH ESTABLISHMENTS* (NO EXTRA CHARGE)

Firm Name _____
Street Address _____
Mailing Address _____
City, State, Zip _____
Telephone: _____ Fax: _____ E-Mail: _____

Firm Name _____
Street Address _____
Mailing Address _____
City, State, Zip _____
Telephone: _____ Fax: _____ E-Mail: _____

***Report additional branches and members on separate sheet**

NOTICE REGARDING TAX DEDUCTIBILITY OF WVFDA & NFDA DUES

Dues are not deductible as charitable donations but may be deducted as ordinary business expense with the exception of any dues revenues utilized by a professional or trade association for lobbying purposes. Due to the Budget Revenue Reconciliation Act of 1993 that portion cannot be deducted by the member who paid the dues. In accordance with the Act, the WVFDA and the NFDA are hereby notifying their membership that WVFDA estimates that 17% of 2010 dues and NFDA estimates that 7.5% of 2010 NFDA dues paid by a member will **NOT** be deductible as ordinary business expense for federal tax purposes. This estimate is to be utilized by WVFDA and NFDA members in determining what portion of their WVFDA and NFDA dues are deductible. Please provide a copy of this notice to your accountant and/or tax preparer.

NOTE FROM NFDA: It is understood and agreed that membership in NFDA is conditioned upon adherence to the NFDA Constitution, Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by NFDA including, but not limited to, expulsion from membership.