

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 _____

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 _____	

*Our firm understands that by providing our mailing address, email address, telephone number and fax number, we consent to receive communications sent by or on behalf of the National Funeral Directors Association and West Virginia Funeral Directors Association. Please check if you do **not** wish to receive communications sent by or on behalf of NFDA and WVFDA via: email _____ or fax _____

Authorized Signature: _____ Date _____

List # of Services	# of services for ALL locations	State Dues Firm Member	District Dues Firm Member	NFDA Dues Firm Membership	Total Dues
_____	0-50	\$ 175.00	\$10.00	\$315.00+.60/death	\$ 500.00+.60/death
_____	51-75	\$ 250.00	\$10.00	\$315.00+.60/death	\$ 575.00+.60/death
_____	76-100	\$ 250.00	\$10.00	\$365.00+.60/death	\$ 625.00+.60/death
_____	101-150	\$ 500.00	\$10.00	\$365.00+.60/death	\$ 875.00+.60/death
_____	151-200	\$ 500.00	\$10.00	\$495.00+.60/death	\$1,005.00+.60/death
_____	201-299	\$ 650.00	\$10.00	\$495.00+.60/death	\$1,155.00+.60/death
_____	300-350	\$1,000.00	\$10.00	\$495.00+.60/death	\$1,505.00+.60/death
_____	351-500	\$1,000.00	\$10.00	\$595.00+.60/death	\$1,605.00+.60/death
_____	501-1,000	\$1,000.00	\$10.00	\$880.00+.60/death	\$1,890.00+.60/death
_____	1,001+	\$1,000.00	\$10.00	\$1,095.00+.60/death	\$2,105.00+.60/death

NOTE: Please remember to add \$.60 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) |
|--|--|

APPRENTICE MEMBERSHIP*

- | | |
|--|--|
| 1. Name _____
(mailing address IF different from funeral home) | 2. Name _____
(mailing address IF different from funeral home) |
|--|--|

STUDENT MEMBERS* (NFDA Dues \$35.00)

- | | |
|--|--|
| 1. Name _____
(mailing address IF different from funeral home) | 2. Name _____
(mailing address IF different from funeral home) |
|--|--|

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 19% of 2008 dues and NFDA estimates that 7.2% of 2008 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.