

## 2008 Membership Dues Application (U.S. & Canada)

"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."

**Dues and music license good through 12/31/08.**



National Funeral Directors Association

13625 Bishop's Drive • Brookfield, Wisconsin 53005-6607

Toll free: 800-228-6332 • Local: 262-789-1880

Fax: 262-789-6977

### Step 2

### Step 1

Funeral Home: \_\_\_\_\_  
**(main location)**

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

City/State/Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Funeral Home E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**Music License (Check if yes)**

**1. 2008 Membership Dues**  
*(based on caseload for all locations within a state)*

	<b>Caseload</b>	<b>Base Fee</b>
Tier 1	(0-75)	\$315.00 + .60/dc
Tier 2	(76-150)	\$365.00 + .60/dc
Tier 3	(151-350)	\$495.00 + .60/dc
Tier 4	(351-500)	\$595.00 + .60/dc
Tier 5	(501-1,000)	\$880.00 + .60/dc
Tier 6	(1,001+)	\$1,095.00 + .60/dc

**Calculate Dues Here:**

A. Enter base fee \_\_\_\_\_ = \$ \_\_\_\_\_

\*B. Enter caseload for 2007 \_\_\_\_\_ x .60 = \$ \_\_\_\_\_

C. Total (add lines A+B) Total Dues = \$ \_\_\_\_\_

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**2. 2008 Music License (Required by Law)**  
*(NFDA offers the lowest rate in the profession)*

\$212 (per location) x \_\_\_\_\_ Locations = \$ \_\_\_\_\_

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**3. Total 2008 Dues and Music License = \$ \_\_\_\_\_**

*(Please see back of the form to list additional locations.)*

\*B must be completed in order to process

***(Please list licensed funeral directors/embalmers/apprentices at the main location). If the mailing address differs from the main location above, please list personal mailing address below. If you do not list a personal address, the mail will be directed to the main location. Please do not list the same individual more than once at main location or at additional locations.***

### Step 3 (List licensees and apprentices at main location only in step 3. List licensees at additional locations in step 4.)

**Primary Contact:** *(licensed fd/embalmer)*  
Circle  
 Name: MR/MS \_\_\_\_\_

License #(include State(s)) \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Subscription (Check if yes)

**licensed fd/embalmer/apprentice**  
Circle  
 Name: MR/MS \_\_\_\_\_

License #(include State(s)) \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Subscription (Check if yes)

**licensed fd/embalmer/apprentice**  
Circle  
 Name: MR/MS \_\_\_\_\_

License #(include State(s)) \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Subscription (Check if yes)

**licensed fd/embalmer/apprentice**  
Circle  
 Name: MR/MS \_\_\_\_\_

License #(include State(s)) \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Subscription (Check if yes)

**licensed fd/embalmer/apprentice**  
Circle  
 Name: MR/MS \_\_\_\_\_

License #(include State(s)) \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Subscription (Check if yes)

**licensed fd/embalmer/apprentice**  
Circle  
 Name: MR/MS \_\_\_\_\_

License #(include State(s)) \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Director Subscription (Check if yes)

**\*Definition of Caseload**

"A firm's caseload is the total # of families served or death certificates filed for the calendar year per state, minus those served or filed while you're acting as an agent on behalf of another licensed funeral service practitioner. Caseload volumes reported by members for dues purposes are confidential and shall not be disclosed by NFDA to unauthorized third parties."

## Step 4

**Additional Locations (Included in the price of the membership)** If you have more than 2 additional locations please attach a copy to this page. *Please do not list the same individual more than once at main location or at additional locations.*

Funeral Home: \_\_\_\_\_  **Music license**  
Mailing address: \_\_\_\_\_ (check if yes)  
City/State/Zip \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License # (include state(s)) \_\_\_\_\_  
*Director Subscription*  *check if yes*  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License # \_\_\_\_\_  
*Director Subscription*  *check if yes*

Funeral Home: \_\_\_\_\_  **Music license**  
Mailing address: \_\_\_\_\_ (check if yes)  
City/State/Zip \_\_\_\_\_  
Street address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License # (include state(s)) \_\_\_\_\_  
*Director Subscription*  *check if yes*  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License # \_\_\_\_\_  
*Director Subscription*  *check if yes*

**Step 5** 2008 Dues and Music License total = \$ \_\_\_\_\_

### Method of Payment

**Check** (U.S. dollars drawn on U.S. Bank)  
Checks must be made payable to NFDA, 13625 Bishop's Drive, Brookfield, Wisconsin 53005-6607

**To complete a wire transfer please contact NFDA at 800-228-6332**

**Charge to:**  **Mastercard**  **Discover**  
 **Visa**  **American Express**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

***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.***

***Please check if you DO NOT wish to receive communications via fax.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Permission to solicit: (PAC)

**Yes**, In accordance with Federal Law, I give permission for the NFDA Political Action Committee (PAC) to solicit me and all members of our firm for contributions. I understand that these contributions are voluntary and will be pooled with contributions from other NFDA members to support the campaigns of candidates for Congress who support funeral service.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check off the year(s) you give permission to NFDA PAC to solicit you for contributions.**

**2008**  **2009**  **2010**  **2011**  **2012**

### Notice Regarding Tax Deductibility of NFDA Dues:

Generally, funeral homes that pay NFDA dues are able to deduct 100% of those dues as ordinary business expenses for federal tax purposes. However, due to the enacted Budget Reconciliation Act of 1993 (the "Act") dues revenues utilized by a professional trade association for lobbying purposes cannot be deducted by the member who paid dues. In accordance with the Act, the National Funeral Directors Association is hereby notifying its membership that it estimates that 7.2% of the 2008 NFDA dues paid by a member will not be deductible as ordinary business expense for federal tax purpose. This estimate is to be utilized by NFDA members in determining what portion of their NFDA dues is deductible. Please provide a copy of this notice to your accountant and/or tax preparer.