



13625 Bishop's Drive  
 Brookfield, Wisconsin 53005-6607  
 Toll free: 800.228.6332  
 Local: +1.262.789.1880  
 Fax: 262.789.6977

If you have any questions, please call a Member Services Representative at 800-228-6332

## 2015 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 12/31/15.**

### 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)

Webcasting License (Check if yes)

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

### Step 2

**1. 2015 Membership Dues**  
*(based on caseload for all locations within a state)*

	Caseload	Base Fee
Tier 1	(0-75)	\$384.00 + .75/dc
Tier 2	(76-150)	\$443.00 + .75/dc
Tier 3	(151-350)	\$614.00 + .75/dc
Tier 4	(351-500)	\$739.00 + .75/dc
Tier 5	(501-1,000)	\$1,111.00 + .75/dc
Tier 6	(1,001+)	\$1,385.00 + .75/dc

**Calculate Dues Here:**

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

\*B. Enter caseload for 2014 \_\_\_\_\_ x .75 = \$ \_\_\_\_\_

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

**2. 2015 Music License (Required by law where music is played)**  
*(NFDA offers the lowest rate in the profession)*

\$243 (per location) x \_\_\_\_\_ Locations = \$ \_\_\_\_\_

**3. Music Webcasting License** \$47(per website) x \_\_\_\_\_ websites  
 While the music license covers performance, a different license per website is required to broadcast musical performances over the internet. = \$ \_\_\_\_\_

**4. Political Education Fund (voluntary)** = \$ \_\_\_\_\_

**5. Have the Talk of a Lifetime®**  
**National Public Relations Campaign (voluntary)**  
 This will fund initiatives to help improve the image of funeral service = \$ \_\_\_\_\_

**6. Funeral Service Foundation (voluntary)** = \$ \_\_\_\_\_

**7. Total 2015 Dues, Music License, Webcasting License and Voluntary Contributions** = \$ \_\_\_\_\_

\*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.)

<p><b>Primary Contact:</b> <i>(licensed fd/embalmer)</i></p> <p>Name: <sup>Circle</sup> MR/MS _____</p> <p>License #(include State(s)) _____</p> <p>Personal Mailing Address: _____</p> <p>_____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>Cell # _____</p> <p>E-mail: _____</p> <p><input type="checkbox"/> Director Subscription (Check if yes)</p>	<p><b>licensed fd/embalmer/apprentice</b></p> <p>Name: <sup>Circle</sup> MR/MS _____</p> <p>License #(include State(s)) _____</p> <p>Personal Mailing Address: _____</p> <p>_____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>Cell # _____</p> <p>E-mail: _____</p> <p><input type="checkbox"/> Director Subscription (Check if yes)</p>	<p><b>licensed fd/embalmer/apprentice</b></p> <p>Name: <sup>Circle</sup> MR/MS _____</p> <p>License #(include State(s)) _____</p> <p>Personal Mailing Address: _____</p> <p>_____</p> <p>City/State/Zip: _____</p> <p>Telephone: _____</p> <p>Cell # _____</p> <p>E-mail: _____</p> <p><input type="checkbox"/> Director Subscription (Check if yes)</p>
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**\*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: \_\_\_\_\_  
 **Webcasting license** (check if yes)  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License # (include state(s)) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
*Director Subscription*  *check if yes*  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License #(include state(s)) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
*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: \_\_\_\_\_  
 **Webcasting license** (check if yes)  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License # (include state(s)) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
*Director Subscription*  *check if yes*  
Licensed fd/embalmer/apprentice \_\_\_\_\_  
License #(include state(s)) \_\_\_\_\_  
Cell #: \_\_\_\_\_  
*Director Subscription*  *check if yes*

### 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 \_\_\_\_\_

### Prior Approval

I want to support NFDA's political efforts by providing prior approval

Authorizing signature for 2015: \_\_\_\_\_

Authorizing signature for 2016: \_\_\_\_\_

Authorizing signature for 2017: \_\_\_\_\_

I have authority to sign Prior Approval for this firm:

Federal law mandates that NFDA require written authorization from an owner, or manager/supervisor at the funeral home prior to participation in NFDA PAC programs. I acknowledge that signing this form does not require my staff or me to make a contribution to the PAC. I understand that all contributions to the NFDA PAC are strictly voluntary. Refusal to contribute to the NFDA PAC will not adversely impact an individual's professional position. I acknowledge that contributions to the NFDA PAC are not deductible for federal income tax purposes. My company has not provided prior approval to another trade association with a federal PAC for the calendar years selected. I acknowledge that corporate checks cannot be accepted by NFDA PAC. Corporate checks will be attributed to NFDA's Political Education Fund.

### 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 6.5% of the 2015 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.