

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

2014 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 12/31/14.

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) |

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

Step 2

| | mbership Dues | | |
|---|---|----------------------|------------------|
| (based on | caseload for all locat | tions within a state | 9) |
| | Caseload | Base Fee | |
| Tier 1 | (0-75) | \$367.00 + | 75/dc |
| Tier 2 | (76-150) | \$424.00 + | 75/dc |
| Tier 3 | (151-350) | \$582.00 + | 75/dc |
| Tier 4 | (351-500) | \$700.00 + | 75/dc |
| Tier 5 | (501-1,000) | \$1,043.00 | + .75/dc |
| Tier 6 | (1,001+) | \$1,300.00 | + .75/dc |
| Calculate | Dues Here: | | |
| A. Enter b | ase fee | | = \$ |
| *B. Enter c | aseload for 2013 | × .7 | 5 = \$ |
| C. Total (a | idd lines A+B) | Total Dues | = \$ |
| | sic License (Require fers the <u>lowest</u> rate | • | music is played) |
| \$239 (per l | ocation) x | Locations | = \$ |
| 3. Political I | Education Fund (vol | luntary) | = \$ |
| 4. Have the Talk of a Lifetime sm National Public Relations Campaign (voluntary) = \$ This will fund initiatives to help improve the image of funeral service | | | = \$ |
| 5. Funeral S | Service Foundation | (voluntary) | = \$ |
| | 4 Dues, Music Lice Contributions | ense and | = \$ |

^{*}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 | licensed fd/embalmer/apprentice Circle Name: MR/MS | licensed fd/embalmer/apprentice Circle Name: MR/MS |
|--|--|--|
| License #(include State(s)) | | License #(include State(s)) |
| Personal Mailing Address: | Personal Mailing Address: | Personal Mailing Address: |
| City/State/Zip: | City/State/Zip: | City/State/Zip: |
| Telephone: | Telephone: | Telephone: |
| Cell # | Cell # | Cell # |
| E-mail: | E-mail: | E-mail: |
| ☐ Director Subscription (Check if yes) | ☐ Director Subscription (Check if yes) | ☐ Director Subscription (Check if yes) |

^{*}Definition of Caseload

[&]quot;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: | | Funeral Home: | |
|--|--------------------------------------|---|----------------------|
| Mailing address: | (check if yes) | Mailing address: | (check if yes) |
| City/State/Zip | | City/State/Zip | |
| Street address: | | Street address: | |
| City/State/Zip: | | City/State/Zip: | |
| Telephone: | | Telephone: | |
| Fax: | | Fax: | |
| E-mail: | | E-mail: | |
| Website: | | Website: | |
| Licensed fd/embalmer/apprentice _ | | Licensed fd/embalmer/apprentice _ | |
| License # (include state(s)) | | License # (include state(s)) | |
| Cell #: | | Cell #: | |
| Director Subscription \(\begin{align*} \text{check if yes} \) | | Director Subscription \(\begin{align*} \text{check if yes} \\ \text{check if yes} \end{align*} | |
| Licensed fd/embalmer/apprentice | | Licensed fd/embalmer/apprentice _ | |
| License #(include state(s)) | | License #(include state(s)) | |
| Cell #: | | Cell #: | |
| Director Subscription □check if yes | ; | Director Subscription deneck if yes | |
| | se contact NFDA at 800.228.63 erCard | | |
| Card Number: | | Exp. Date: | |
| Name on Card: | Signatu | re: | |
| Our firm understands that by provide receive communications sent by or Please check if you <u>DO NOT</u> wis | on behalf of the National Fune | | ımber, we consent to |
| Signature | | Date | |
| | | | |
| Prior Approval | | | |
| I want to support NFDA's political effor | ts by providing prior approval | | |
| Authorizing signature for 2014: | | | |
| Authorizing signature for 2015: | | | |
| Authorizing signature for 2016: | | | |
| I have authority to sign Prior Approval f | or this firm: | | |
| Federal law mandates that NFDA requi | re written authorization from an ov | wner, or manager/supervisor at the funeral | home prior to |

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 herby notifying its membership that it estimates that 6.5% of the 2014 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.