

13625 Bishop's Drive Brookfield, Wisconsin 53005-6607

Toll free: 800.228.6332 Local: +1.262.789.1880 Fax: 262.789.6977

INDIVIDUAL MEMBERSHIP

For New Members Only - Extended Membership

2025-2026 Individual Membership Application (U.S. & Canada)

Dues good through 12/31/26

INDIVIDUAL MEMBER NAME: MR/MS (Non-Transferable) MEMBERSHIP ID# (If Known) License # (include state(s)) (If Licensed Funeral Director or Apprentice)

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.

Ch	Check the box for your preferred mailing address: □ Funeral Home:			
	Mailing address:			
	City/State/Zip:			
	Street address:			
	City/State/Zip:			
	Country:			
	Telephone:			
	Fax:			
	Funeral Home E-mail:			
	Website:			
	Personal Mailing Address			
	Street address:			
	City/State/Zip:			
	Telephone:			
	Cell #:			
	Fax:			
	E-mail* (personal e-mail preferred):			
ac co Di	ie understand that by providing our mailing address, email Idress and telephone number, we consent to receive Immunications sent by or on behalf of the National Funeral rectors Association including via email and text (messaging tes may apply).			

Please check if you DO NOT wish to receive communications via □ email □ text.

Signature		
Date		

Notice Regarding Tax Deductibility of NFDA Dues:

Contributions or gifts to NFDA PAC are not tax deductible and are limited by federal law to \$5,000 per person, per year. In accordance with federal law, contributions are strictly voluntary and not a condition of NFDA membership. All personal contributions to NFDA PAC are used in support of candidates for federal office. Corporate contributions cannot be used in support of candidates for federal office and are attributed to NFDA's Political be used in support of candidates for federal office and are attributed to NFDA's Political Education Fund. 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 of 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 9% of the 2025 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. *Required for digital student membership membership.

1. MEMBERSHIP	CATEGORIES	(check one)
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Individual Licensee (0.5. and Canada)	3400
□ Retired Licensee	\$65
□ Apprentice/Intern	\$55
□ Mortuary Science Student (U.S. & Canada only) (Includes printed version of The Director magazine)	\$35
OR Digital Student Membership (Does not include printed version of The Director magazi	ne)\$0
□ Lifetime Member (must be over 65)(For information about Lifetime Membership, call 800-228	
2. NFDA PAC Contribution \$200 suggested (voluntary) NFDA represents interests of funeral service before feder decision makers	
Remembering A Life Public Education Fund (voluntary) Funds initiatives to improve the image of funeral service a consumers about the value of a funeral and funeral direct	and educate
4. Funeral Service Foundation \$100 suggested (voluntary) Provides grants, scholarships, and other support to directle funeral service	
5. Total 2025-2026 Dues and	•
Voluntary Contributions	\$

¢400

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

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□ To complete a wire transfer please contact NFDA at 800.228.6332 or +1.262.789.1880

Charge to.				American Express
Card Number:				
Name on Card:				
	Fo	r Mortuary Scie	ence St	tudents only:
School Name:				
Expected Grad. Date:				
Instructor's Signature:				

(Applications WILL NOT be processed without instructor's signature.)



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