



13625 Bishop's Drive
Brookfield, Wisconsin 53005-6607
Local: 262-789-1880
Fax: 262-789-6977

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

Dues good through 12/31/26

INDIVIDUAL MEMBER NAME: Circle MR/MS _____
(Non-Transferable)

MEMBERSHIP ID# _____
(If Known)

License # (include state(s)) _____
(If Licensed Funeral Director or Apprentice)

INDIVIDUAL MEMBERSHIP

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.

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): _____

*We will not accept .edu email addresses

We understand that by providing our mailing address, email address and telephone number, we consent to receive communications sent by or on behalf of the National Funeral Directors Association including via email and text (messaging rates 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 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 2026 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.

1. MEMBERSHIP CATEGORIES (check one)

- ☐ Individual Licensee (U.S. and Canada).....\$400 _____
☐ 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 magazine)..\$0 _____
☐ Lifetime Member (must be over 65).....\$888 _____
(For information about Lifetime Membership, call 262-789-1880)

2. NFDA PAC Contribution \$200 suggested (voluntary).....\$ _____
NFDA represents interests of funeral service before federal decision makers

3. Remembering A Life

Public Education Fund (voluntary).....\$ _____
Funds initiatives to improve the image of funeral service and educate consumers about the value of a funeral and funeral directors

4. Funeral Service Foundation

\$100 suggested (voluntary).....\$ _____
Provides grants, scholarships, and other support to directly benefit funeral service

5. Total 2026 Dues and

Voluntary Contributions.....\$ _____

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 262-789-1880

Charge to: ☐ MasterCard ☐ Discover
☐ Visa ☐ American Express

Card Number: _____

Exp. Date: _____ CVV: _____

Name on Card: _____

Signature: _____

For Mortuary Science Students only:

School Name: _____

Expected Grad. Date (mm/yyyy): _____

Instructor's Signature: _____

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



Join Now