Virginia Funeral Director's Association
APPLICATION FOR AFFILIATE MEMBERSHIP

To the Board of Directors
Virginia Funeral Director's Association Date:_____

The undersigned hereby makes application for membership in the Virginia Funeral Director's Association as an AFFILIATE Member. The applicant has complete knowledge of the objectives and purpose of VFDA as outlined in the Bylaws and Code of Ethics, and if elected, agrees to be governed by same.

Attached please find a check for **$65.00** (total dues for Affiliate Membership which includes subscription to VFDA BULLETIN Magazine) payable to VFDA, or charge my credit card this amount. Membership subject to approval by the VFDA Board of Directors.

Payment Method
Make checks payable to **"VFDA"**
VFDA Federal Tax ID # 54-0419116

Payment: □check □VISA □M/C □AmEx □Disc

Check here: □ if you give VFDA permission to use your fax number for VFDA communications

Full Name	Name on Card
Street Address P.O. Box	Card#
City, State, Zip	Exp. Date
Phone Fax	Signature Authorization Date
Applicant's Signature	Email

ENDORSED BY: (Signature of two endorsing VFDA members in good standing.)

(1) Endorsee:_____ Funeral Service License #_____
or Funeral Director's License #_____
Embalmer's License #_____

(2) Endorsee:_____ Funeral Service License #_____
or Funeral Director's License #_____
Embalmer's License #_____

***** Article II – Section 3 of the VFDA By-Laws state:** Affiliate Membership shall consist of membership held by a business organization whether individual, partnership or corporation, providing any merchandise, supplies or services to members of the Association. An affiliate member may attend any open meetings of the Association, including conventions and education sessions, but shall not be entitled to vote or hold office.

Fax or mail this form and send payment to:

VFDA • 1011 East Main Street, Ste 400 • Richmond, VA 23219
Phone: (804) 264-0505 • Fax: (804) 264-3260 • Email: info@vfda.net • Website: www.vfda.net