



# Virginia Funeral Directors Association

## APPLICATION FOR MEMBERSHIP

Fax or mail this form and send payment to:

VFDA • P.O. Box 395 • Hanover, VA 23069

Phone: (804) 264-0505 • Fax: (804) 264-3260 • Email: [info@vfda.net](mailto:info@vfda.net) • Website: [www.vfda.net](http://www.vfda.net)

Welcome To The VFDA,

The Virginia Funeral Directors Association is a voluntary Association with membership affiliation in the National Funeral Directors Association. The VFDA publishes a bulletin as well as oversees the operations of the Association. The Association is guided by a Board of Directors elected by the membership. There are seven local districts, one Director from each district and four At-Large Directors. The Directors are empowered to employ an Executive Director and such other employees as it deems necessary to represent the interests of the VFDA as a whole, and to provide staff services for the VFDA, its Board of Directors, and committees appointed by the President in accordance with the By-laws and the provisions of an approved job description.

The undersigned hereby makes application for membership in the Virginia Funeral Directors Association as an Association 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.

I am applying for the following membership:

**Firm Membership (Dues are based on number of funeral home cases in the prior year and calculated by the VFDA office)**

Firm Membership shall consist of the membership held by a business organization, whether sole proprietorship, partnership or corporation, lawfully engaged in the profession of funeral directing and embalming and having a place of business or regularly or frequently furnishing such services in the Commonwealth of Virginia and who holds a Funeral Service Establishment License issued by Virginia Board of Funeral Directors and Embalmers, and each such establishment holding a firm membership shall be designated as "Firm Member" or "Member."

**Associate Membership (Dues are \$65)**

Associate Membership shall consist of persons engaged in funeral services holding a Virginia license for funeral directing and/or embalming who are regularly employed in this State by Member firms of the Association and who are non-owners of a funeral establishment. An Associate member shall have the right to vote and hold office in the Association and enjoy all other privileges of the Association.

**Affiliate Membership (Dues are \$65)**

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 convention and education sessions, but shall not be entitled to vote or hold office.

**Retired Membership (Dues are \$65)**

Retired Membership shall consist of persons who have retired from active employment in funeral service but have kept their Virginia license in effect. A retired member may attend any open meeting of the Association, including conventions and education sessions, but shall not be entitled to vote or hold office.

**Mortuary Science Student Membership (Dues are \$25)**

Mortuary Science Student Membership shall consist of persons who are enrolled in an accredited mortuary science program in the Commonwealth of Virginia certified by the American Board of Funeral Service Education or a Virginia resident enrolled in any accredited Mortuary Science Program certified by the American Board of Funeral Service Education. A Funeral Service Intern Membership shall consist of persons that are engaged in funeral service with a Virginia establishment that is a member of the Virginia Funeral Directors Association, Inc. and a registered intern with the Virginia Board of Funeral Directors and Embalmers. A mortuary science student/funeral service intern member may attend any open meeting of the Association, including conventions and education sessions, but shall not be entitled to vote or hold office.

**Non-Resident Firm Membership (Dues are based on number of funeral home cases in the prior year and calculated by the VFDA office.)**

Non-Resident Firm Membership shall consist of the membership held by an establishment, whether individual, partnership, or corporation, lawfully engaged in the profession of funeral directing and embalming and frequently furnishing such services in the Commonwealth of Virginia but licensed by another state or government entity in which its facility or facilities are located. A non-resident firm membership may attend any open meetings of the Association, including convention and education sessions, but shall not be entitled to vote or hold office.

**Non-Resident Associate Membership (Dues are \$65)**

Non-Resident Associate Membership shall consist of persons engaged in funeral services holding a Funeral Service License under the laws of a state other than Virginia who are regularly employed by a firm who is a member of a state and national association, who are non-owners of funeral establishments. A non-resident associate may attend any open meeting of the Association, including conventions and education sessions, but shall not be entitled to vote or hold office.

**CONTACT INFORMATION**

Name \_\_\_\_\_ Birthday (Month & Day) \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_

Email (Must be Included) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Email \_\_\_\_\_

If Student, Name of Mortuary School \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Are you affiliated with a funeral home? \_\_\_\_\_

**Membership subject to approval by the VFDA Board of Directors at their quarterly business meeting.**

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

(1) Endorsee Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

(2) Endorsee Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Payment Method**

Make checks payable to "VFDA"  
VFDA Federal Tax ID # 54-0419116  
Check – VISA – MC – AMEX - Discover

Name on Card	
Card#	
Exp. Date	
Signature Authorization	Date
Email	