

# Tidewater Funeral Directors Association

## Application for Firm Membership

The undersigned hereby makes application for a Firm Membership in the Tidewater Funeral Directors Association. The applicant has a complete knowledge of the objectives and purposes of T.F.D.A. as outlined in the By-Laws and code of ethics and, if elected, agrees to be governed by the same.

Funeral Home Name: \_\_\_\_\_  
Address of Funeral Home: \_\_\_\_\_  
City, State, and Zip Code: \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
FAX Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Date Firm was Founded: \_\_\_\_\_  
Number of Branches Associated with Firm: \_\_\_\_\_  
Funeral Home Voting Representative: \_\_\_\_\_  
Representatives Title with Funeral Home: \_\_\_\_\_  
Virginia Funeral Service License Number: \_\_\_\_\_

\* If the aboved named representative is not the owner of the funeral Home, a letter must accompany this application from the owner(s) for the right of this aboved named individual to be a voting representative of the Firm.

**\* Dues for a Firm Membership are \$150. per year, a check must accompany this application.**

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

ENDORSED BY: \* Must be endorsed by two (2) T.F.D.A. members in good standing.

(1) Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_

(2) Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Funeral Home: \_\_\_\_\_

Board Consideration: \_\_\_\_\_

Date: \_\_\_\_\_ Outcome: \_\_\_\_\_

Association Action:

Date: \_\_\_\_\_ Outcome: \_\_\_\_\_