



Membership Application

Please return completed application to:

NSFDA

c/o Jo Pettit

970 Watersedge Way, Southold, NY 11971

— Membership Categories —

Regular Firm/Principal or designee: \$300 (Firm operating as a funeral home in Nassau or Suffolk Counties)

I, the undersigned, apply for membership in the Nassau-Suffolk Funeral Directors Association and submit the following information:

Name of Designee _____ Date _____

Firm Name _____ County _____

Address _____ Zip _____

Telephone _____ Fax _____ e-mail _____

Firm's NYS Health Dept. Registration # _____ Designee's Pocket Card # _____

Firm applications require the endorsement of four member firm in good standing of Nassau-Suffolk Funeral Directors Association, Inc. Please list below the four member firms and contacts who have given you authorization to use their names as endorsments of this application:

1. _____ 2. _____

3. _____ 4. _____

Check one:

Affiliate(s) @ \$60

LFD working for
NSFDA Member Firm

Colleague(s) @ \$60

Other N/S County LFD or N/S LFD
not working as a funeral director
(and not working for an eligible but non-member firm)

Emeritus' @ \$25

Retired N/S LFD

Name _____ Dof H Pocket Card # _____

Name _____ Dof H Pocket Card # _____

Address _____ City _____ ST _____ Zip _____

Tel _____ Fax _____ e-mail _____

Upon receipt of this application accompanied by a check for one year's dues (See above), the following steps will be taken:

1. License numbers will be confirmed with the NYS Department of Health.
2. The application with supporting materials will be presented for review by the Membership Committee with their recommendations.
3. The application will be presented to the NSFDA Board of Directors for approval.

I understand the application process, and if accepted for membership will, in good faith, abide by the Constitution and By-laws of the Association and any acts of the Association and its governing board.

Signature _____ Title _____