



Membership Application

Please return completed application and fee to:
NSFDA
C/o Jo Pettit
970 Watersedge Way, Southold, NY 11971

-Membership Categories-

Regular Firm including Principal/Designee: **\$400** (Firm: operating as a funeral home in Nassau or Suffolk County)

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

Name of Designee _____ Date _____

Firm Name _____ Web address: www. _____

Mailing Address _____

Telephone _____ Fax _____ e-mail _____

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

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

1. _____ 2. _____

3. _____ 4. _____

Check One:

Affiliate(s) @ \$60 **Colleague(s) @ \$60** **Emeritus' @ \$25**

Name _____ DofH Pocket Card # _____

Name _____ DofH 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.
3. The application, with Membership Committee recommendations, will be presented to the Board of Directors for vote.

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

Signature _____ Title *If applicable* _____

Amount enclosed \$ _____ (Checks to be made payable to NSFDA)