

Tidewater Funeral Directors Association

Application for Associate Membership

The undersigned hereby makes application for a Associate 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.

Applicants Name: _____

Funeral Home Associated with: _____

Position at Funeral Home: _____

Address: _____

City, State, and Zip Code: _____

Phone Number: ____ (____) _____

E-mail Address: _____

*** Dues for an Associate Membership is \$90. 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) _____

Print Name: _____

Funeral Home: _____

(2) _____

Print Name: _____

Funeral Home: _____

Board Consideration:

Date: _____ Outcome: _____

Association Action:

Date: _____ Outcome: _____