

**APPLICATION FOR MEMBERSHIP**

Date \_\_\_\_\_

**THE UNDERSIGNED HEREBY MAKES APPLICATION FOR MEMBERSHIP IN THE BLUE RIGE FUNERAL DIRECTORS ASSOCIATION. THE APPLICANT HAS COMPLETE KNOWLEDGE OF THE OBJECTIVES AND PURPOSES OF THE B.F.D.A. AS OUTLINED IN THE BYLAWS AND CODE OF ETHICS, AND IF ELECTED, AGREES TO BE GOVERNED BY THEM.**

FIRM \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ANNUAL MEMBERSHIP DUES ENCLOSED.....\$100.00

APPLICANT SIGNATURE \_\_\_\_\_

ENDORSED BY: (SIGNATURE OF TWO B.F.D.A. MEMBERS IN GOOD STANDING)

(1) ENDORSEE \_\_\_\_\_

FIRM \_\_\_\_\_

(2) ENDORSEE \_\_\_\_\_

FIRM \_\_\_\_\_