

**BUCKEYE STATE FUNERAL DIRECTORS
AND EMBALMERS ASSOCIATION**

MEMBERSHIP FORM

Date _____

Name _____

Funeral Home _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____ **E-Mail** _____

_____ **Funeral Director**
_____ **Embalmer**
_____ **Mortician (Funeral Director & Embalmer)**
_____ **Apprentice**
_____ **Funeral Service Attendant/Associate**
_____ **Own** _____ **Operate** _____ **Own & Operate**

******DUES******

STATE DUES For Funeral Director, Embalmer or Mortician	\$ 60.00
Apprentice or Para-Professional	\$ 40.00
Funeral Attendant or Associate	\$ 25.00

NATIONAL DUES **\$ 300.00**

Please find enclosed my check for \$ _____ to cover _____ State _____ National

DUES PERIOD: JULY 1ST OF CURRENT YEAR TIL JUNE 30TH FOLLOWING YEAR

Make checks payable to: **Buckeye State Funeral Directors & Embalmers Association (BSFDEA)**

Forward membership form and check to: **BSFDEA**
c/o Bruce A. Love, Treasurer
1849 Enderly Drive
Columbus, OH 43219