



Iowa Funeral Directors Association

1454 30th Street / Suite 204 / West Des Moines, IA 50266
p 515.270.0130 / p 800.982.6561 / f 515.270.1569 / admin@iafda.org / www.iafda.org

2010 ALLIED MEMBERSHIP APPLICATION

By joining in the membership of the Iowa Funeral Directors Association and providing your contact information, you affirm that you understand that the Iowa Funeral Directors Association may communicate with you via e-mail or postal mail to the addresses provided by you.

Company Name: _____

Main Contact's Name (must be "first" member below): _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Web Address: _____

Allied Membership Dues

_____ \$272 For first member from a company

NAME _____

_____ \$72 For each additional member from the same company *(please list contact info on separate sheet)*

NAME _____

NAME _____

NAME _____

NAME _____

_____ **Total amount enclosed**

A check for the appropriate amount of annual dues must be submitted with this application for membership.

I, the undersigned, respectively submit my application for Membership in the Iowa Funeral Directors Association. The above information is complete and correct. I hereby agree that I shall be assessed under the specified dues classification in accordance with the annual dues schedule.

Signature of Applicant _____ **Date** _____

Return Membership Application and Membership Dues to the above address.