



~ Maine Funeral Directors Association ~ Membership Application

Please Type or Print

To The Officers and Members of the Maine Funeral Directors Association:

I _____, hereby make application to become a professional member of the Maine Funeral Directors Association (MFDA) and pledge myself to conform to the Constitution and By-Laws of said Association.

Signed _____

Name _____ Date of Birth _____

Business Name _____

Business Address _____

Business Phone _____ Business FAX _____

Cell Phone _____ Web Site _____

E-Mail Address _____

Home Address _____

Home Phone _____ Home FAX _____

Cell Phone _____ Web Site _____

E-Mail Address _____

As we appreciate the fact that some individuals are sensitive about releasing private/personal phone numbers, we would ask that you check any phone numbers which are restricted to office use only. Thank you.

Maine Funeral Service License Number _____ Active Inactive Expires _____

I have been in business _____ year(s) or in the employ of the above-named business _____ year(s).

Licensed in another state? If so, list state(s), type of license, and funeral service license numbers (for continuing education purposes). _____

Mortuary School _____ Degree/Certificate _____

Date of Graduation _____

If Applicable, Academy of Professional Funeral Service Identification Number _____

Referred For MFDA Membership By: _____

The applicant must be recommended for membership by two current MFDA members:

- | | Name | Signature |
|----|-------|-----------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |

This application for membership must be accompanied by one year's dues in advance.

Please make check payable to the Maine Funeral Directors Association and forward to:

Maine Funeral Directors Association
38 Young Avenue
Brunswick, Maine 04011
207-729-9100 / 207-729-0143 - FAX

The Board of Directors of the Maine Funeral Directors Association, having made due investigation in regard to the above applicant, do recommend this applicant for membership.

This _____ day of _____ 200__ in _____ Maine.

Dues Payment Options

Check Enclosed – Payable to the Maine Funeral Directors Association

Credit Card

American Express MasterCard Visa Discover

Remember, to process your credit card payment, all information must be submitted.

Card Number: _____ Expiration Date: _____

Billing Address: _____ Zip Code _____ V Code _____

Cardholder's Name: _____

Cardholder's Signature:  _____ Amount To Be Charged _____

* * *

Important Notice Regarding Tax Deductibility of MFDA Dues

Generally, funeral homes that pay MFDA dues are able to deduct 100% of those dues as ordinary business expenses for federal tax purposes. However, due to the enacted Budget Reconciliation Act of 1993 (The "Act"), dues revenues utilized by a professional trade association for lobbying purposes cannot be deducted by the member who paid dues. In accordance with the Act, the Maine Funeral Directors Association is hereby notifying its membership that it estimates that 10% of the 2008 MFDA dues paid by a member will not be deductible as ordinary business expenses for federal tax purposes. This estimate is to be utilized by MFDA members in determining what portion of their MFDA dues is deductible. Please provide a copy of this notice to your accountant and/or tax preparer.

* * *

** Authorization To Fax And/Or Conduct Telephone Solicitation**

The guidelines implemented by the Federal Communications Commission (FCC) for communicating via fax require prior written consent to enable associations to fax information. Your signed consent will also allow us to conduct telephone solicitations. Please check the appropriate box and sign below.

Yes, I authorize the Maine Funeral Directors Association to fax information to me, which may include, but not be limited to membership dues renewal, educational seminars, convention, event and program notices. My fax number is:

No, I do not wish to receive information via fax nor participate in telephone solicitations.