



Membership Application 2017-2018

JOIN ONLINE at www.ifda.org to activate your membership immediately and begin taking advantage of the many membership benefits.
QUESTIONS? 217-525-2000 * INFO@IFDA.ORG

Categories of Membership

Main Firm - Refer to the chart at the right for pricing. A Funeral home owner with a licensed funeral director. This member type will have "Licensed Funeral Director/Embalmer Employees" as part of it's membership. Investment is determined by the number of licensed funeral director/embalmer employees. See the chart on the right. Only those designated are eligible for member benefits.

Individual - \$336. An individual who is licensed but doesn't own a funeral home. Ownership interest is determined as owning 10% or more of a firm.

Retired - \$80. An individual who is *no longer actively* working; has no need to seek CE because of retirement or the 40-year exemption rule, but would like to stay apprised of activities in the profession.

Non-Resident - \$137. A funeral home owner or individual who is licensed to practice in IL but resides in another state.

Licensed Intern - \$0. An individual who is licensed as an Intern through the IL Department of Financial & Professional Regulation with the State of IL. This category of membership can be held for no more than a period of two years. **While the monetary investment is \$0, you must maintain the Licensed Intern status with the IDFPR.**

Associate - \$525. An individual or organization looking to offer products and/or services to the membership.

# of Licensed FD/Emb Employees	Investment
1-2	\$499
3-4	\$819
5-6	\$1073
7-8	\$1323
9-10	\$1579
11-12	\$1865
13-14	\$2145
15-16	\$2510
17-18	\$2928
19-20	\$3437
21+	Contact IFDA

Type of Membership: Main Firm Individual Licensed Intern Non-Resident Retired Licensee Associate

By signing this application, I hereby apply for membership in the Illinois Funeral Directors Association and agree to conform to its Constitution and the Code of Professional Conduct (available at www.ifda.org). I also understand that by providing my fax number and email address, I hereby consent to receive fax and email messages sent by or on behalf of the Illinois Funeral Directors Association.

Member Signature: _____ Date: _____

PAYMENT

CHECK MONEY ORDER CREDIT CARD

Payment Method: Check # _____

Credit Card # _____

CVV: _____ Expiration Date: _____

Signature: _____

VISA

MASTER CARD

AMEX

DISCOVER

Return form and payment to:
IFDA * 215 South Grand Ave. West * Springfield, IL 62704 * Fax: 217-525-8342

MEMBERSHIP INVESTMENT

Investment (based on selection made above) _____

Voluntary IFDA PAC Fund Contribution (Suggested) \$100 _____

Voluntary IFDA Scholarship Fund Contribution (Suggested) \$100 _____

TOTAL AMOUNT DUE _____

