



# 2024 Dues Invoice

Your membership includes **free** registration to the 2024 NYSFDA Annual Convention.

## Contact Information

Membership Type:  Individual - \$455  Trade Service - \$455  Supplier - \$455  Legacy - \$150

Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (If Different From Mailing Address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ NYS License #: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Company/Funeral Home Name: \_\_\_\_\_

**Total Due:**

## Method of Payment

**Check:** Payable to **NYSFDA**

**Credit Card:**

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Credit Card Authorization Code: \_\_\_\_\_

**Please return this form to NYSFDA with the rest of your membership information.**

In 2009, the New York State Funeral Directors Association (NYSFDA) adopted an enforceable **Code of Ethics** which applies to all members of the statewide trade association. Individuals are required to sign a pledge to adhere to the Code when they apply for NYSFDA membership. Once we receive your application, you will be asked to review and sign the Code of Ethics prior to membership approval. Visit [www.nysfda.org](http://www.nysfda.org) to view our Code of Ethics.