NYS FUNERAL DIRECTORS ASSOCIATION, INC.

2027 Dues Invoice

Your membership includes ***free*** registration to the 2027 NYSFDA Annual Convention. If you have any questions regarding membership, contact us at 800.291.2629 or info@nysfda.org.

Primary Firm Information

Primary Firm: _____

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different From Above): _____

City: _____ State: _____ Zip: _____

County: _____ NYS Firm Reg. #: _____

Phone: _____ Fax: _____

Email: _____ Cell: _____

Website: _____
(Free hyperlink from NYSFDA.org)

☐ We wish to receive NYSFDA mailings at our primary location **only**.

☐ We wish to receive informational & timely text messages.

Total 2026 Cases for Primary Firm Only:
If you are joining prior to January 1st, please estimate the number of cases for remainder of the year.

☐

Code of Ethics

☐ By renewing my membership I am adhering to NYSFDA's Code of Ethics.
Visit **www.nysfda.org** for a full copy.

To maintain your active membership, please return this form, along with the rest of your membership information and payment, to NYSFDA by no later than March 31, 2027.

For additional firms, photocopy this form as needed.

Worksheet A - Additional Firms

Please list below **ALL** additional firms designated under Primary Firm from Page 3.

Firm: _____

Designee/Contact (Owner, Partner, Manager) Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ NYS Firm Reg. #: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Total Cases for This Firm Only: ☐

Firm: _____

Designee/Contact (Owner, Partner, Manager) Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ NYS Firm Reg. #: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Total Cases for This Firm Only: ☐

Firm: _____

Designee/Contact (Owner, Partner, Manager) Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ NYS Firm Reg. #: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Total Cases for This Firm Only: ☐

Subtotal Additional Firms: ☐

Total Cases, Primary Firm Only *(from page 3)*: ☐

Total Cases, Primary Plus All Additional Firms *(used to calculate Per Case Fee, pg.6, #1)*: ☐

For additional members, photocopy this form as needed.

Worksheet B - Regular Firm Affiliate Members

Regular Firm Affiliate Membership is open to any licensed funeral director who currently has an affiliation with a NYSFDA member firm. ***Note: If you are an employee of a member firm, you are already considered a member and <u>DO NOT</u> need to become an Affiliate.***

Membership Type: Firm Affiliate Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Member Firm: _____ $175.00

Membership Type: Firm Affiliate Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Member Firm: _____ $175.00

Membership Type: Firm Affiliate Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Member Firm: _____ $175.00

Total Regular Firm Affiliate Members (place this amount on pg.6, #2)**:** ☐

Per the 2021 NYSFDA Bylaws - Funeral directors, undertakers, embalmers or residents licensed by the State of New York who are owners, managers, or paid employees of a firm or corporation which is a Regular Member firm of this Association or who are providing trade services to a Regular Member firm and the trade service is not a funeral firm licensed by the State of New York, shall be eligible for an Affiliate Membership upon the approval of the Regular Member firm with which the funeral director or embalmer is affiliated.

NYSFDA Direct Dues Payment Authorization

We are pleased to offer you the option of paying your NYSFDA dues by Direct Payment. If you choose, your dues can be automatically deducted from your checking or savings account in monthly installments.

Benefits of Direct Dues Payment:

- Saves time – fewer checks to write and mail
- Dues are paid in a convenient and timely manner – even when you're on vacation or out of town
- Payments are always on time – helps to maintain good credit
- Easy to sign up for and, if necessary, cancel

How Direct Dues Payment Plan Works:

You authorize a regularly scheduled payment to be made from your checking or savings account. Then, just sit back and relax. Your dues payment will be made automatically on or about the 15th of each month.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before the payment date. The Direct Dues Payment Plan is dependable, convenient and easy.

Signing Up is Easy:

1. Select the type of account to indicate whether your payment will be deducted from your checking or savings account (below).
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information.

Note: *Any declined monthly payment will be charged a $10.00 service fee. NYSFDA reserves the right to suspend a firm's ACH payment plan if there has been more than one declined payment. At that time, the remainder of the cost of dues would be due in one lump sum or membership will be revoked.*

Direct Dues Payment Authorization Form *(please print)*

I authorize the New York State Funeral Directors Association, Inc. to initiate electronic debit entries for payment of my NYSFDA Membership Dues from my: _____ Checking Account **Or** _____ Savings Account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Funeral Firm Name: _____

Financial Institution Name: _____

Account Number: _____

Routing Number: _____

Financial Institution City & State: _____

Signature: _____ Date: _____

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