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.

Contact Information

Membership Type: ☐ Individual - $485 ☐ Trade Service - $485 ☐ Supplier - $485 ☐ Legacy - $170

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

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

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different From Above): _____

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.

Code of Ethics

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