



2025 Dues Invoice

Your membership includes **free** registration to the 2025 NYSFDA Annual Convention.

Contact Information

Membership Type: Individual - \$465 Trade Service - \$465 Supplier - \$465 Legacy - \$155

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.

Code of Ethics

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