



Connecticut Funeral Directors Association, Inc.

2019 CFDA/NFDA Dues Statement • Mandatory State

Please call CFDA with any questions regarding this application - (860) 721-0234

Name of CFDA Firm	Principle Voting Member for CFDA Purposes, indicate if CFSP, CPC, CCO, CCSP	
Street Address	City or Town	Zip Code
()	()	
Phone Number	Fax Number	
Business E-Mail Address	Business Website	

Please complete CFDA & NFDA Boxes

MANDATORY CFDA Base Fee \$ 395.00

CFDA CASELOAD (\$4.00 per 2018 death certificates filed under the funeral home name & branches)

_____ Certificates x \$4.00 = + _____

Less Credit from CFDA 2018 Trust Involvement - _____

You can only deduct your TRUST CREDIT off the CFDA CASELOAD section. If your trust credit EXCEEDS your CFDA CASELOAD, you can ONLY deduct the CASELOAD amount.
(contact CFDA office if applicable)

Associate Licensee Member CFDA Only \$395.00 + _____
(Not currently employed in a funeral home. No Vote)

Supplier/Mailing Members (No Vote) \$395.00 + _____

Net CFDA Dues \$ _____

MANDATORY NFDA Tier Membership (Based on same number of death certificates listed for CFDA caseload)

Tier 1 (0-75 cases) = \$420+.85 per death certificate

Tier 2 (76-150 cases) = \$484+.85 per death certificate

Tier 3 (151-350 cases) = \$671+.85 per death certificate

Tier 4 (351-500 cases) = \$807+.85 per death certificate

Tier 5 (501-1,000 cases) = \$1,214+.85 per death certificate

Tier 6 (1,001 + cases) = \$1,514+.85 per death certificate

..... + _____

Retired Licensee Member (not affiliated with a dues-paying firm) ... \$200.00 x each = + _____

Apprentice Member (not affiliated with a dues-paying firm) ... \$150.00 x each = + _____

Student Member \$100.00 x each = + _____

Total NFDA Dues _____

Grand Total Combined CFDA and NFDA Dues payable through CFDA \$ _____

To Pay By MasterCard or Visa please provide the following information: CFDA Fax (860) 257-3617

MC Visa Card Holder _____ Zip Code _____

Card Number _____ EXP Date _____ CID Number _____

• A TRUST CREDIT UP TO A MAXIMUM OF \$500.00 IS AVAILABLE TO CFDA'S ENDORSED MASTER TRUST PARTICIPANTS.
To obtain your Trust Credit and for NFDA Listing your dues must be paid by Friday, February 22, 2019.

It is understood and agreed that membership in NFDA is conditioned upon adherence to the NFDA Constitution, Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by NFDA including, but not limited to, expulsion from membership.

• Please make a copy of your application for your records.

List All Members (including Voting Member) to be Included in CFDA Membership Directory
Please include CFSP, CPC, CCO & CCSP designations if applicable. Please provide any additional member or branch information on separate sheet. Complete this form in the way you want it to appear in the CFDA membership directory.

Voting Member _____ **License #** _____

Individual Business Email _____ Wish to receive The Director (free)

Name _____ Indicate here if student, apprentice or retiree **License #** _____

Individual Business Email _____ Wish to receive The Director (free)

Name _____ Indicate here if student, apprentice or retiree **License #** _____

Individual Business Email _____ Wish to receive The Director (free)

Name _____ Indicate here if student, apprentice or retiree **License #** _____

Individual Business Email _____ Wish to receive The Director (free)

BRANCH ESTABLISHMENT: CFDA By-Laws require inclusion of caseload of all branches in member firm.

Firm _____ Branch Funeral Director _____

Address _____

Phone () _____ Fax () _____ branch email _____

NFDA/CFDA Member Benefit: Pay your Music License through NFDA when you receive your bill OR contact RuthAnn Johnson at NFDA at 1(800)228-6332. **Music License for 2019 will be \$257 per location. Webcasting License for 2019 will be \$49 per location.**

Enclosed is my contribution (personal check only) payable to "CFD - PAC" (Political Action Committee) in the amount of \$ _____

Does your firm participate in an Annual OSHA Compliance Program? _____ Yes _____ No

Our firm understands that by providing our mailing address, email address, telephone number and fax number, we consent to receive communications sent by or on behalf of the National Funeral Directors Association (NFDA) and the Connecticut Funeral Directors Association (CFDA).

Please check if you **do not** wish to receive communications sent by or on behalf of NFDA and CFDA:
do not sent emails _____ do not sent fax transmissions _____

Signature of Voting Member: _____ Date: _____

Period covered by payment of dues: January 1, 2019 to December 31, 2019
All information will be kept in strict confidence by the officers and administrative staff of CFDA.
Please return this statement with credit card payment or check made payable to CFDA, and mail to:
CFDA, 364 Silas Deane Hwy, Wethersfield, CT 06109

• Please make a copy of your application for your records.