



Connecticut Funeral Directors Association, Inc.

2010 CFDA/NFDA Dues Statement • Mandatory State

Please call CFDA with any question regarding this application - 860 721-0234

Name of CFDA Firm _____

Principle Voting Member for CFDA Purposes, indicate if CFSP, CPC _____

Street Address _____

City or Town _____

Zip Code _____

() _____

() _____

Phone Number _____

Fax Number _____

Business E-Mail Address _____

Business Website _____

MANDATORY CFDA Base Fee	\$	275.00
CFDA CASELOAD (\$3.50 per 2009 death certificates filed under the funeral home name & branches)		
_____ Certificates x \$3.50 =	+	_____
Less Credit from CFDA 2009 Trust Involvement	-	_____
<small>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)</small>		
Associate Licensee Member CFDA Only \$275.00	+	_____
<small>(Not currently employed in a funeral home. No Vote)</small>		
Supplier/Mailing Members (No Vote) \$275.00	+	_____
Net CFDA Dues		\$ _____

MANDATORY NFDA Tier Membership (Based on same number of death certificates listed for CFDA caseload)		
<input type="checkbox"/> Tier 1 (0-75) = \$324 + .60¢ per death certificate	after March 1, 2010	- \$324+.70
<input type="checkbox"/> Tier 2 (76-150) = \$376 + .60¢ per death certificate		\$376+.70
<input type="checkbox"/> Tier 3 (151-350) = \$510 + .60¢ per death certificate		\$510+.70
<input type="checkbox"/> Tier 4 (351-500) = \$613 + .60¢ per death certificate		\$613+.70
<input type="checkbox"/> Tier 5 (501-1,000) = \$906 + .60¢ per death certificate		\$906+.70
<input type="checkbox"/> Tier 6 (1,001 +) = \$1,128 + .60¢ per death certificate		\$1,128+.70
.....	+	_____
Retired Licensee Member (not affiliated with a dues-paying firm) . . .	\$150.00 x each =	+ _____
Apprentice Member (not affiliated with a dues-paying firm)	\$100.00 x each =	+ _____
Student Member	\$75.00 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 **March 1, 2010**.

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 designation 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 _____ License # _____
Indicate here if student, apprentice or retiree

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

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

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

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

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 _____

Please take a moment to consider and answer the following questions:

CFDA's Mass Fatality Committee would like to thank you in advance for providing the following statistical information:

1. On average, how many pouches are in stock at your funeral home(s) at any given time? _____
Disaster Pouches? _____
2. How many workable stretchers do you have? _____ Reeves Stretchers? _____
3. How many removal vehicles do you have? _____

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 via:
email _____ or fax _____

Signature of Voting Member: _____ Date: _____

Period covered by payment of dues: January 1, 2010 to December 31, 2010

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.