

**ALABAMA FUNERAL DIRECTORS & MORTICIANS ASSOCIATION
MEMBERSHIP APPLICATION**



Title Preference: Mr. Ms. Mrs. Rev. Dr. Other: (i.e., CFSP) _____

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____ E-mail address _____

Owner () Employee () Licensed Funeral Director () Licensed Funeral Director & Embalmer ()

Funeral Director's License Number _____ Embalmer's License Number _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____ E-mail address _____

PLEASE MAIL CORRESPONDANCE TO MY: MAILING ADDRESS () COMPANY'S ADDRESS ()

MEMBERSHIP STATUS: () New Member () Membership Renewal

_____ **General Member** **Membership Fee: \$500 per year**

_____ **Firm Member** **Membership Fee: \$150 per year**

_____ **Student/Apprentice** **Membership Fee: \$150 per year**

Make check payable to: AFD&MA, Inc.
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www.alabamafdma.org