



The Funeral Service Institute For Public Policies National Funeral Directors and Morticians Mortuary Scholarship Fund

Registration Form

Title Preference: (please circle one) Mr. Ms. Mrs. Dr. Reverend Minister Elder Bishop Attorney Other: _____

REGISTRANT: _____
(First) (M.I.) (Last) (Suffix)

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

OFFICE #: () _____ FAX #: () _____

PRIMARY EMAIL ADDRESS: _____ CELL #: () _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT NUMBER: _____

Membership Information:

Are you a current Licensed National Member? _____

Are you a current Student/Apprentice National Member? _____

Are you a current General Manager? _____

Certifications:

Are you a current CFSP? _____ Are you a current CPC? _____ Are you a current MBIE? _____

Affiliation:

What state (s) are you affiliated with? _____

Registration Fees:

☐ NFDMA National Member - [\$400.00]

☐ Non Member - [\$450.00]

Registration Date

____/____/____

Amount Enclosed:

\$ _____

Payment Method:

☐ Check # _____ ☐ Credit Card (type) _____ Credit Card # _____

Signature _____ Name as it appears card _____

Exp. Date _____ CVC _____

Address (associated with CC) _____ City _____ State _____ Zip _____

Email registration form and payment to: educationinstitutefoundation@gmail.com or

Fax registration form and payment to 404-522-8418

Mail registration form and payment to: The Funeral Service Institute for Public Policies, Inc.

P. O. Box 90401

East Point, Georgia 30364