Louisiana Funeral Directors and Morticians Association, Inc.

MEMBERSHIP APPLICATION

Carmaine Demby Dickerson, CFSGM
President

Courtney A. Johnson, CFSP, CFSGM, CCO
Vice President

LaZandra N. Hudson, CFSP
Executive Secretary

Junear R. Canna
Clerk of the House

Rhonda King-Frank, CFSP
Treasurer

Ja'Vorius R. Canna
Chairman of the Board

Name:_____**Louisiana License #:**_____

Membership Type: ***(Please Select One)***

_____**Funeral Director** _____**Mortician** _____ **Intern** _____ **Student**

Mailing Address: _____

_____

E-mail Address: ***(Required)***

_____

Cell: ***(Required)*** _____ **Office:** _____

Name and Address of the Funeral Establishment you are affiliated with:*(if applicable)*

_____

_____

Membership Dues:

STATE DUES	**$100.00**
NATIONAL DUES	**$400.00**
INTERN STATE DUES	**$50.00**

- *INTERN STATE & NATIONAL DUES ARE COMPLIMENTARY FOR ONE (1) YEAR*

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO: LFD&MA, INC.

YOUR INTENT AS A MEMBER of LFD&MA

Do you plan to participate in activities scheduled by this Association?

Yes _____ No _____

If asked to serve on a committee, would you be interested?

Yes _____ No _____

If this application is accepted, I am willing to comply with all rules and regulations as set forth in the By-Laws of the Louisiana Funeral Directors & Morticians Association, Inc.

Signature_____ **Date**_____

PAYMENT ENCLOSED

STATE $ _____ **NATIONAL $** _____ **INTERN STATE DUES $** _____

TOTAL $: _____

Please mail your completed application with payment to the mailing address listed to the left, C/o Ms. Lazandra Hudson, Executive Secretary.

THANK YOU!

Post Office Box 144 Clinton, LA 70722

225-773-9799

lfdandma@gmail.com

Association Executive Secretary Use Only:

Date Received: _____ Date Processed: _____