LOUISIANA FUNERAL DIRECTORS & MORTICIANS ASSOCIATION, INC. MEMBERSHIP APPLICATION

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Louisiana License# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Name and Location of Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NOTE: **STATE DUES $100.00**

**NATIONAL DUES $400.00**

**INTERN STATE DUES $50.00**

**INTERN NATIONAL DUES ARE COMPLIMENTARY FOR ONE YEAR**

**PLEASE CHECK ONE: \_\_\_\_\_Funeral Director \_\_\_\_\_Mortician \_\_\_\_\_ Intern \_\_\_\_\_ Student**

**INTENT AS A MEMBER:**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAKE CHECK PAYABLE TO: LOUISIANA FUNERAL DIRECTORS & MORTICIANS ASSOCIATION**

**PAYMENT ENCLOSED: STATE $ \_\_\_\_\_\_\_\_\_ NATIONAL $ \_\_\_\_\_\_\_\_\_ INTERN STATE DUES $ \_\_\_\_\_\_\_\_\_**

**TOTAL $: \_\_\_\_\_\_\_\_\_\_**

**Mail To: Louisiana Funeral Directors & Morticians Association**

**Attn: Lazandra N. Hudson**

**P. O. Box 144**

**Clinton, LA 70722**