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 $ \_\_\_\_\_\_\_\_\_**

**ASSOCIATION POLO SHIRT $20: \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ ASSOCIATION BLAZER $75: \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_**

**SIZES HOW MANY SIZES HOW MANY**

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

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

**Attn: Evelyn E. Syrie**

**P. O. Box 92132**

**Lafayette, LA 70509**

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**MISSION STATEMENT**

The Louisiana Funeral Directors and Morticians Association (LFDMA) is a collective body of professionals who strive to a level of excellence unsurpassed across the nation. It is our mission to unite funeral homes across the State of Louisiana and provide resources to help each other grow in our profession and our communities.

**President………………………………………………………………** Javorius Canna

**Vice President**………………………………………Carmine Demby Dickerson

**Executive Secretary**……………………………………. Evelyn E. Syrie, CFSP

**Clerk of the House**………………………………………. Junear Leshay-Canna

**Treasurer**……………………………………………...Rhonda King-Frank, CFSP

**Chairman of the Board……………………………….** Lajuana Patrice Crain

**NFD&MA District VI Governor**……………………………………….Larry Wolfe

**CALENDER OF EVENTS**

April 17th-20th ,2023…………………….LA & MS State Convention

www.lfdandma@gmail.com