

Missouri Funeral Directors & Embalmers Association

1757 Woodclift Drive, Suite 202, Jefferson City, MO 65109

Ph: 573.635.1661 • Fax: 573.635.9494

E-mail: info@mofuneral.org • Website: www.mofuneral.org

MEMBERSHIP APPLICATION

Thank you for your interest in the Missouri Funeral Directors & Embalmers Association. Listed below are the types of memberships that are available to Funeral Directors and Embalmers. Please fill out the appropriate membership section and return to our office to join. If you have any questions or comments please do not hesitate to contact us at 573.635.1661 or bobbi@mofuneral.org.

All members receive the following benefits: Listing in the Annual Membership Directory; all MFDEA publications; e-mail notifications; access to all endorsed company benefits; and discounts on conventions.

Only Firm Membership receive the following benefits: Full access in members-only area on website, access to the General Counsel and Lobbyist, and one vote by the designated firm representative.

FIRM MEMBERSHIP

Qualifications: Individual, partnership or corporation directly and lawfully engaged in the practice of funeral directing in the state of Missouri and holding a license to practice said profession that is licensed as an establishment in the state. Included in a Firm Membership are branches and active licensed employees. Membership in this category is entitled to <u>one</u> vote by the designated firm representative. All licensed employees of a firm member are automatically non-voting individuals.

INDIVIDUAL/ASSOCIATE MEMBERSHIP

<u>Qualifications:</u> Available to any licensed funeral director or embalmer who is not employed by a Firm Member funeral establishment. Also available to any non-funeral industry individual who has an interest in the association that is beneficial for both parties. (May be subject to approval.) No voting rights for this class.

STUDENT/APPRENTICE MEMBERSHIP

<u>Qualifications:</u> Any student attending a mortuary school and registered with the State Board of Embalmers and Funeral Directors, or a person performing an apprenticeship, but not yet licensed. No voting rights for this class.

NON-RESIDENT MEMBERSHIP

<u>Qualifications:</u> Any individual engaged in the practice of funeral directing or embalming from a state other than Missouri. No voting rights for this class.

RETIRED MEMBERSHIP

Qualifications: Any retired licensee, as defined by the State Board of Embalmers and Funeral Directors. No voting rights.

Member Benefits:

- In The Loop emails & alerts
- Convention & Seminar Discounts
- Legislative oversight by full-time lobbyist
- 24-hour access to an attorney
- Educational seminars and law review classes
- State Board participation
- Legal documents online in Members Only area on website
- Listing in Annual Directory
- Assistance processing affidavits



Don't miss informational emails, weekly videos and seasonal magazines. Keep the office staff up to date on your contact information. Phone: 573-635-1661 Email: info@mofuneral.org

MEMBERSHIP PAYMENT & METHOD

Quantity	Membership Fee	Total	For office use only
	\$595.00*		
	\$125.00		
	\$125.00		
	\$125.00		
	\$50.00		
	\$25.00		
•			
Total Amount Enclosed			
		\$125.00 \$125.00 \$125.00 \$125.00 \$50.00 \$25.00	\$595.00* \$125.00 \$125.00 \$125.00 \$50.00 \$25.00

BY CHECK	your association money. Credit ca	ards charge us a percentage for handling
You may charge your dues and donations to (check of	, <u> </u>	American Express* se add \$5.95 for the service charge.
Credit Card #	3 Digit code on back	Expiration Date:
Name on Card(Please print	and sign NAME ON CREDIT CARD)	
Email receipt to:		

Email form to info@mofuneral.org for credit card payment.

Mail check to: MFDEA, 1757 Woodclift Drive, Ste 202, Jefferson City, MO 65109. Checks should be payable to MFDEA.

Please renew by December 15 to continue your membership.

*Notice: Firm dues contains a charge of \$25 for the MOPAC Fund and \$40 for the Legislative Fund. If you do not wish to contribute to these funds, simply deduct the amount from your total amount due. Contributions are not deductible for federal income tax purposes. Contributions to MOPAC Fund and the Legislative Fund are voluntary and are used for political purposes.

FIRM MEMBERSHIP \$595.00 (please list employees on next page)			
Firm Name	Funeral Establishment License		
Mailing Address	Physical Address		
City, State, Zip	City, State, Zip		
Phone	Fax		
Email	Website		
County State Senatorial D	strict State House District		
Designated Firm Representative (Voting Member):			
Please list all licensed employees on next page. They are included in the	firm membership at no additional fee. They are non-voting members.		
Note: Branch and Satellite locations are included	in the firm membership at no additional cost.		
BRANCH LOCATION			
Branch Name	Funeral Establishment License		
Mailing Address	Physical Address		
City, State, Zip	City, State, Zip		
Phone	Fax		
Email	Website		
County State Senatorial District	State House District		
SATELLITE LOCATION			
Branch Name	Funeral Establishment License		
Mailing Address	Physical Address		
City, State, Zip	City, State, Zip		
Phone	Fax		
Email	Website		
County State Senatorial District	State House District		



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Please list all of your licensed employees. (Please copy this form for additional employees.) Name: Position: Phone: Address: Use Firm Address Email: Position: Phone: Name: Address: Use Firm Address Email: Position: Phone: Name: Address: Use Firm Address Email: Name: Position: Phone: Email: Address: Use Firm Address Name: Position: Phone: Address: Use Firm Address Email: Position: Phone: Name: Address: Use Firm Address Email:

INDIVIDUAL VOTING MEMBERSHIP \$125.00 Name Firm you work for: **Mailing Address Physical Address** City, State, Zip City, State, Zip Phone Fax **Email** Website **MFDEA District** County **State Senatorial District State House District ASSOCIATE OR NON-RESIDENT MEMBERSHIP** \$125.00 Name Please check one box: ☐ Associate ☐ Non-Resident **Mailing Address Physical Address** City, State, Zip City, State, Zip Fax **Phone** Email Website **MFDEA District** County **State Senatorial District State House District RETIRED MEMBERSHIP** \$50.00 Name **MFDEA District** County **Mailing Address** City, State, Zip **Phone Email** STUDENT/APPRENTICE MEMBERSHIP \$25.00 Name **MFDEA District** County **Mailing Address** City, State, Zip Phone Email