



# OHIO FUNERAL DIRECTORS ASSOCIATION

## ASSOCIATE MEMBERSHIP APPLICATION

The Individual applicant listed on the reverse side of this application is applying for Associate Membership in the Ohio Funeral Directors Association ("OFDA").

1. **Eligibility.** To be eligible for Associate Membership, the individual must meet one of the five Associate Membership Categories listed on the reverse side. Please review the list of categories and make sure you qualify in one of the categories. After the completed application is returned to the OFDA offices, it will be submitted to the OFDA Board of Directors together with a report of the Membership Committee and report from a District President in the District where the applicant resides. (If the applicant is a funeral director licensed in a state other than Ohio, the report of the District President will not be required). An applicant must receive an affirmative vote of two-thirds of the members of the OFDA Board of Directors in order to be admitted into membership.

2. **Application.** To complete the application, please fill in all of the information on the reverse side. An application will only be considered if it is filled out completely and lists the names of two Ohio funeral directors willing to submit letters of recommendation for the applicant for Associate Membership. Dues for balance of calendar year must accompany this application. Please call OFDA (800-589-6332) for pro-rated figure.

3. **Signature.** The undersigned applicant agrees as a condition of membership that the applicant will abide by the OFDA Constitution, Bylaws, Rules and Regulations that have or may be adopted by OFDA. I understand that providing my mailing address, e-mail address, telephone and fax numbers, I consent to receive communications sent by or on behalf of OFDA.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT INFORMATION

Credit Card # \_\_\_\_\_ AMX Discover M/C VISA

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ *OR CHECK NUMBER* \_\_\_\_\_

#### FOR OFDA USE ONLY

Application must be signed and returned to the Ohio Funeral Directors Association TWO WEEKS prior to Board meeting.

# \_\_\_\_\_

District President

OFDA Membership Chair

Received \_\_\_\_\_

Accepted \_\_\_\_\_

Welcome \_\_\_\_\_

Dues \_\_\_\_\_

Please submit completed application,  
along with payment to:

OFDA

ATTN: MEMBERSHIP

P. O. BOX 21760

Columbus, OH 43221

