



# OHIO FUNERAL DIRECTORS ASSOCIATION

## ALLIED MEMBERSHIP APPLICATION

1. **ELIGIBILITY.** The following individuals shall be eligible for Allied Membership in the Association:

- Employees and representatives of preneed insurance companies, livery companies or other suppliers to OFDA Firm Members;
- Employees and representatives of licensed crematories in the State of Ohio;
- Educators in the mortuary or death care fields; and
- Individuals providing grief counseling and bereavement support services or who are active in those fields.

An application for Allied Membership will be considered only upon a report of a member of the Membership Committee and a member of the Board of Directors of the Association from the district from which the applicant resides. If an applicant for an Allied Membership resides in a state other than Ohio, his or her application will be considered only upon a report from the Chairperson of the Membership Committee. The primary criteria for Allied Membership is evidence that the applicant supports members of the Ohio Funeral Directors Association.

Allied Members under paragraph D of Article III of the OFDA Constitution do not possess the right to vote nor serve as a director or officer of the Association. Allied Members shall be entitled to receive those benefits which the Board of Directors makes available to Allied Members.

2. **APPLICATION.** COMPLETE THE APPLICATION 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 ALLIED MEMBERSHIP **AND IS ACCOMPANIED BY PAYMENT OF \$225, PAYABLE BY CREDIT CARD OR CHECK. MEMBERSHIP DEPOSIT IS HELD UNTIL APPLICANT APPROVAL. DEPOSIT REFUNDED IF APPROVAL IS NOT GRANTED. (Following OFDA staff processing, the application will be reviewed by the OFDA Executive Committee at their next regularly scheduled meeting.**

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Contact Amy L. Baucher for total dues investment amount at 800-589-6332 or amyb@ofdaonline.org**

### PAYMENT INFORMATION

Cardholder's name		
Billing address		
Card number	Security Code	Expiration date
Signature		Date
Amt. Due		
Check Number#		

Please submit completed application, along with payment to:  
OFDA  
ATTN: Membership  
P. O. Box 21760  
Columbus, OH 43221  
amyb@ofdaonline.org  
Fax: 614-486-5358

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

OFDA Secretary: \_\_\_\_\_

# ALLIED MEMBERSHIP APPLICATION

Name of Applicant		Date
Applicant's E-mail	Company Website	
Company Name		
Address, City, State, Zip County		
Phone	Fax	
Describe your affiliation to funeral firm members:		
What are your expectations and what do you hope to gain through an OFDA Allied Membership?		
<p>Check which category your affiliation falls into:</p> <ul style="list-style-type: none"> <li>◇ Employee/Representative of preneed insurance company, livery company, or other supplier</li> <li>◇ Employee/Representative of licensed crematory in the State of Ohio</li> <li>◇ Educator in the mortuary or death care field</li> <li>◇ Grief counselor/bereavement support services</li> </ul>		
List two Ohio funeral directors, excluding coworkers and family members, willing to recommend you for membership:		
Name	Phone	
Name	Phone	

