



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

ASSOCIATE MEMBERSHIP APPLICATION

Name of Applicant _____ FD and/or Emb.# _____

Address _____

City, State, Zip _____

Phone (____) _____ Fax (____) _____

County _____ OFDA District _____

E-mail Address _____

I wish to receive the quarterly *Buckeye Director* magazine (other funeral home staff may sign up at ofdaonline.org):

____ Electronically ____ Hard Copy ____ Both Formats

List two Ohio Funeral Directors willing to recommend you for membership:

____ / _____ / _____
Name Phone Number Name Phone Number

Check which Associate Membership Category you are applying for (check only one box):

- ☐ Applicant is a funeral director who is duly licensed in Ohio, is actively engaged in the profession of funeral directing and is neither an owner nor an employee of a funeral home.
- ☐ Applicant is a widow or widower of a deceased Affiliate or Associate Member who was in good standing as a member of OFDA at the time of his or her death.
- ☐ Applicant is a trade embalmer licensed under Ohio law.
- ☐ Applicant is licensed as a funeral director under Ohio law, but is not actively engaged in the profession of funeral directing.
- ☐ Applicant is licensed as a funeral director under the laws of one or more states **other than Ohio** and is a duly qualified member of the state funeral directors association in the state where the applicant is licensed.

OFDA District Map

