



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 six Associate Membership Categories listed at the bottom of the form. Please review the list of categories and make sure you qualify in one of the categories. An applicant must receive an affirmative vote of the majority of the members of the Executive Committee 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 provide a recommendation for the applicant. Following OFDA staff processing, the application will be reviewed by the OFDA Executive Committee at their next regularly scheduled meeting. Dues for balance of calendar year must accompany this application. Please call Rachel at 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 Bylaws that have or may be adopted by OFDA. I understand that providing our mailing address, e-mail address, telephone and fax numbers, we consent to receive communications sent by or on behalf of OFDA.

Signature _____ Date _____

Contact Rachel M. Kirk for total dues investment amount at 800-589-6332 or Rachel@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
 2501 North Star Rd.
 Columbus, OH 43221

Rachel@ofdaonline.org
 Fax: 614 486 5358

FOR OFFICE USE ONLY

Date Received: _____

OFDA Secretary/Treasurer: _____

ASSOCIATE MEMBERSHIP APPLICATION

Name of Applicant		FD/EMB#
Applicant E-mail	Is FD 40 or younger?	
Address, City, State, Zip	County	
Phone	Fax	
List two Ohio funeral directors, excluding coworkers and family members, willing to recommend you for membership:		
Name	Phone	
Name	Phone	

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, is not retired, 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.
- Applicant is a retired funeral director and/or embalmer who is not employed by a funeral home or other entity

