

INDEPENDENT FUNERAL DIRECTORS OF GEORGIA MEMBERSHIP APPLICATION

Name Of Business _____ Estab.# _____

Owner's Name _____ License # _____

Primary Contact (if not owner) _____

Number of locations _____

No. of Total Full Time Employees (40 hrs or more) _____

No. of Services per Year (at all locations _____) (Adult Casketed Cases)

Name of Funeral Director in charge of each location and address of that location

Name of Location _____

Name of Director _____ License# _____

Address _____ County: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Phone _____ Fax _____

Type of Membership?

Resident Non-resident Associate Individual

Please make check payable to : Independent Funeral Directors of Georgia and mail to:

P.O. Box 1248, Dallas, GA 30132

Questions call: 770/445-3180 Fax:770/445-3893, Email: ifdg@aol.com

Member of GFDA? _____ Member of NFDA _____
(yes or no) (yes or no)

Would you be willing to serve on:

_____ Board of Directors or as an Officer

_____ Membership Committee (Benefits and Recruitment)

_____ Governmental Affairs Committee (Regulatory and Political)

_____ Financial and Budgetary Committee