



# National Funeral Directors & Morticians Association, Inc.

## INTERNATIONAL MEMBERSHIP APPLICATION

(Applicants must complete ALL of the top portion and any other information that pertains to you)

Member Details			
Full Name:	First	Middle	Last
Title (Mr./Mrs./Miss/Rev/Dr/etc.):		Address:	
Date of Birth:			
Home Phone:	Cell Phone:	Fax:	
Email Address:		Phone:	
Emergency Contact:			

Primary Duty:    Owner                                     Manager                                     Employee   
                                  Licensed Funeral Director     Licensed Embalmer                                     Licensed Mortician

Licensed Funeral Director's Number: \_\_\_\_\_                                    Licensed Embalmer's Number: \_\_\_\_\_

Licensed Mortician's Number: \_\_\_\_\_                                    CFSP Certification Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_                                    Are you CPC Certified?    Yes:     No:

Company Name:		
Company Address:		
City:	State:	Zip:
Office Phone:	Fax:	
List Memberships in other Funeral Professional Associations and any Public Offices Held:		

### Membership is offered under the following conditions:

- International Membership** - To become an international member of NFDMA, Inc. you must present this form and payment to the District Governor in the area in which you serve.

**District IX**  
 US Virgin Islands, Bermuda, West Indies, Caribbean  
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**District X**  
 South Africa  
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 mcb[ Ua U4 a Y'Wta

**District XI**  
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**District XII**  
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 gja cb4 Vc]\_Ubnçg'Wt'hU