

MISSOURI FUNERAL DIRECTORS & EMBALMERS ASSOCIATION



Over a Century of Strength

--- INVOICE for MEMBERSHIP ---

PAYMENT DUE BY
November 30, 2011

FIRM \$495

Qualifications: Individual, partnership or corporation directly and lawfully engaged in the practice of funeral directing in the state of Missouri and holding a license to practice said profession that is licensed as an establishment in the state. *(This membership is for the established firm's membership.)* Membership in this category is entitled to **one** designated representative from same establishment (*i.e. usually a firm owner or manger*) that have the same benefits as an *Individual Member*. **One vote per Firm exercised by representative.** **Benefits:** Listing in the *Annual Membership Directory* and Web site link; all MFDEA publications to the *Firm* and representative; e-mail notifications; full Web access from the firm location including members-only areas; access by all employees to the General Counsel and Lobbyist; access to all endorsed company benefits and incentives for businesses; discount for non-licensed employees/interns to Law Review Classes and designated seminars; 10 percent discount on advertising in MFDEA publications.

Firm Name _____ Funeral Establishment License # _____

Designated Firm Rep _____

Mailing Address _____ Physical Address _____

City/State/Zip _____

Telephone _____ Fax _____

E-mail _____ Web site _____

Your E-mail and Website addresses are very important to us. With postage changes and the need for urgent information to be conveyed, electronic messages are the quickest and most cost effective way to communicate.

MFDEA Membership District # (see map on back) _____ County _____

For MFDEA to fully tract legislative matters, please list: State Senatorial District: _____ State House District: _____

BRANCH FIRMS \$120 if you do not want to receive magazine \$125 if you do want to receive magazine

Qualifications: Any licensed establishment that has the same owner as a *Firm Membership (other than a license D only)*. Owner of the *Branch Firm* may designate one individual as the representative with the same benefits as an *Individual Member*. **Benefits:** Listing in the *Annual Membership Directory*; Web site listing; all MFDEA publications; e-mail notifications to branch; Web access from branch location, including members-only sections. In order to save MFDEA printing and postage costs, If someone else in your firm receives the membership magazine and you have access to it, you have the option to save \$5 and NOT receive the magazine.

1. Branch Name _____ Funeral Establishment License # _____
Designated Branch Rep _____ Mailing Address _____
Physical Address _____ City/State/Zip _____
Telephone _____ Fax _____ E-mail _____

2. Branch Name _____ Funeral Establishment License # _____
Designated Branch Rep _____ Mailing Address _____
Physical Address _____ City/State/Zip _____
Telephone _____ Fax _____ E-mail _____

3. Branch Name _____ Funeral Establishment License # _____
Designated Branch Rep _____ Mailing Address _____
Physical Address _____ City/State/Zip _____
Telephone _____ Fax _____ E-mail _____

(Attach another sheet if you have more branches)

SATELLITE FIRMS \$40

Qualifications: Any licensed establishment, owned by a *Firm Member* that holds a class D license only and not staffed daily may apply for a *Satellite Membership*. Membership in this class shall entitle the owner of the *Satellite* establishment limited membership benefits. **Benefits:** Listing in the *Annual Membership Directory*; news and publications to the *Satellite* location upon request. No voting rights.

Satellite Name _____ Funeral Establishment License # _____

Designated Branch Rep _____ Mailing Address _____

Physical Address _____ City/State/Zip _____

Telephone _____ Fax _____ E-mail _____

INDIVIDUAL MEMBER \$115 no magazine or directory \$125 you do receive magazine and directory

Qualifications: Individuals must be licensed and actively engaged in the practice of funeral directing or embalming and employed by a funeral establishment that is a current *Firm Member*. **Benefits:** One vote at all meetings of the association; listing in the *Annual Membership Directory*; all MFDEA publications; e-mail notifications; full Web site access including members-only areas; access to the General Counsel and Lobbyist; access to endorsed company benefits and incentives for individuals; and discounts to Missouri-only conventions and joint conventions, conferences, seminars, and classes when available. In order to save MFDEA printing and postage costs, If someone else in your firm receives the membership magazine and you have access to it, you have the option to save \$10 and NOT receive the magazine or directory.

(Do NOT fill out IF you are listed above in the FIRM or BRANCH or SATELLITE AREAS; this is for other individuals in your firm)

Name _____

Firm you work for _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____ E-mail _____

County _____ MFDEA District # (see back) _____

INDIVIDUAL MEMBER **\$115** no magazine or directory **\$125** you **do** receive magazine and directory

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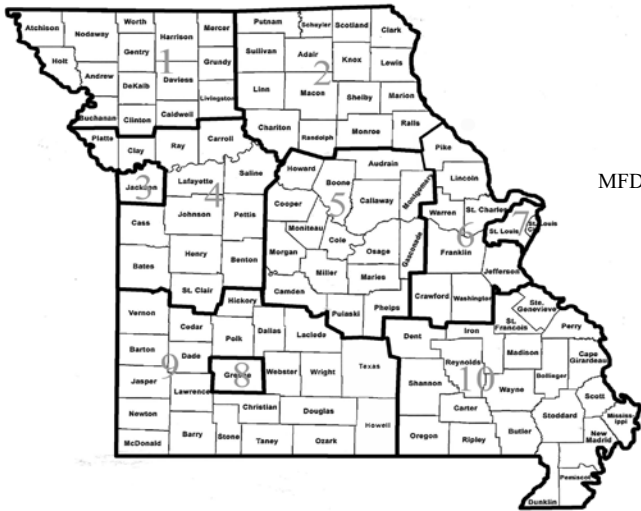
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 Firm you work for _____
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 Firm you work for _____
 Address _____ City/State/Zip _____
 Telephone _____ Fax _____ E-mail _____
 County _____ MFDEA District # (see back) _____



MFDEA Membership Districts



NOTICE - PHOTOS OF YOU AND YOUR FIRM

Please send a digital photo for the Membership Directory to publications@mofuneral.org. If have previously sent one, it will be used. If you do not have a digital photo, a snapshot will be fine; don't forget a photo of your funeral home too, (please include a self-addressed/stamped envelope if you want the photo returned).

PAYMENT METHOD

Total Amount of dues for **Firm** \$ _____
 Total For **Branches and Satellites** \$ _____
 Total for **Individuals** \$ _____
 Education Foundation Donation \$ _____
TOTAL AMOUNT ENCLOSED \$ _____

For office use only:

BY CHECK

If at all possible pay by CHECK to save your association money. Credit cards charge us a percentage for handling.

You may charge your dues and donations to (check one): MasterCard Visa

Credit Card # _____ 3 Digit code on back _____ Expiration Date: _____

Name on Card _____
 (Please print and sign NAME ON CREDIT CARD)

Address where statement is sent: _____ Zip _____

FAX ONLY if paying by credit card (FAX: 573-635-9494), otherwise please complete and mail along with your check to: **MFDEA, 1105 Southwest Blvd, Ste. A, Jefferson City, MO 65109**

Checks should be *made payable* to MFDEA. Please renew by November 30, 2011 for the 2012 year and don't forget your photos!

Notice: Your total dues contains a charge of \$40 for the MOFUNDPAC and \$25 for the Legislative Fund. If you do not wish to contribute to these funds, simply deduct the amount from your total amount due. Contributions are not deductible for federal income tax purposes. Contributions to MOFUNDPAC and the Legislative Fund are voluntary and are used for political purposes.