



Los Angeles County Funeral Directors Association  
6475 E. Pacific Coast Highway, #340  
Long Beach, CA 90803  
Phone: 562/799-8499  
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E-mail: kmtlacfda@msn.com

## Membership Application / Renewal

Application is herewith made for membership in the Los Angeles County Funeral Director's Association. The following information is provided as a basis for membership classification to determine membership fee. The applicant prior to consideration for membership by the Board of Directors of the Association must pay an application fee. The undersigned, if accepted as a member, agrees to observe and abide by the rules of the Association as set forth by the rules of the Association in the Articles of Incorporation and the By-Laws.

Firm Name \_\_\_\_\_

This firm is (circle one)    **Sole Proprietorship**                      **Partnership**                      **Corporation**

Funeral Establishment License Number \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Representatives Name \_\_\_\_\_ Title \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

### Membership Classification

- Active Member** (Any person, partnership, association corporation engaged in the business of maintaining one or more funeral establishments in the county of Los Angeles shall be eligible for admission as an active member. A person with all the qualifications for active membership shall only be accepted for that class of membership)
- Affiliate Member** (Any person, partnership, association or corporation engaged in the business of operating a funeral establishment outside the county of Los Angeles, or any individual person who is employed by a licensed funeral establishment outside the County of Los Angeles shall be eligible for membership in the corporation as an affiliate member)
- Sponsor Member** (Any person, partnership, association or corporation engaged in any business which provides goods or services directly to funeral establishments shall be eligible for membership in the corporation as a sponsor member)

**In consideration of acceptance of my membership in the Los Angeles County Funeral Directors Association, I agree to abide by the By-Laws of the Association. Enclosed, please find my check for one year's dues to be credited for my membership for this calendar year.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Approved by the LACFDA Board of Directors \_\_\_\_\_ Date \_\_\_\_\_