



## Maryland State Funeral Directors Association

311 Crain Hwy. SE ♦ Glen Burnie, Maryland 21061

410-553-9106 / 888-459-9693 ♦ Fax: 410-553-9107 ♦ Email: [msfda@msfda.net](mailto:msfda@msfda.net) ♦ Web Site: [www.msfda.net](http://www.msfda.net)

Thank you for your interest in becoming a member of the Maryland State Funeral Directors Association. The following membership options are listed below. ***Please note that if you are an owner or officer of a funeral home, you must register as a Category I or I-A member unless your funeral home is already a member in one of those categories.***

**A. *Funeral Establishment / Category I.*** Funeral establishment membership must be held by a proprietor, partnership, corporation, or professional association (PA) lawfully engaged in the practice of mortuary science in the State of Maryland. An establishment membership (Category I) consists of two (2) voting members. The two (2) voting members representing the firm must be registered with the Association office. Each funeral establishment membership applies to a single location of a funeral home.

**B. *Funeral Establishment / Category I-A.*** Funeral establishment membership must be held by a proprietor, partnership, corporation, or professional association (PA) lawfully engaged in the practice of mortuary science in the State of Maryland. An establishment membership (Category IA) consists of one (1) voting member. The one (1) voting member representing the firm must be registered with the Association office. Each funeral establishment membership applies to a single location of a funeral home.

**C. *Individual Membership / Category II.*** Individual membership (Category II) may be held by any funeral practitioner licensed to practice as such under the laws of the State of Maryland. No consideration of this classification of membership will be given if the applicant is an owner or corporate officer of a funeral establishment unless said establishment currently holds a funeral establishment membership in good standing. Individual membership may also be granted to a duly licensed individual in the State of Maryland who currently resides in another state or the District of Columbia and is not actively associated with the practice of funeral service in the state of residency. An individual member shall have the right to vote, hold office, serve on appropriate committees, and enjoy all other privileges of the Association.

**D. *Associate Membership.*** Associate membership may be held by any funeral practitioner licensed to practice as such under the laws of the State of Maryland. No consideration of this classification of membership will be given if the applicant is an owner, corporate officer, or in a managerial capacity of a funeral establishment unless said establishment currently holds a funeral establishment membership in good standing. An associate member shall be entitled to all social and professional privileges of this Association; however, he or she may not vote, serve on standing or special committees of this Association, nor hold any office in the Association.

**E. *Honorary Associate Membership.*** Limited associate membership may be held by a newly licensed Funeral Director or Mortician licensed to practice as such under the laws of the State of Maryland. No consideration of this classification of membership will be given if the applicant is an owner, corporate officer, or in a managerial capacity of a funeral establishment unless said establishment currently holds a funeral establishment membership in good standing. An honorary associate member shall be entitled to all social and professional privileges of this Association; however, he or she may not hold this classification of membership for more than one year, vote, serve on standing or special committees of this Association, nor hold any office in the Association.

**F. *Out-Of-State Membership.*** Out-of-state membership may be held by any duly licensed funeral practitioner residing in and engaged in the practice of funeral service in another state or the District of Columbia. The out-of-state member shall not be entitled to hold office and shall not be entitled to vote on any business or in any election in this Association.

This application must be completed in its entirety and returned to the Association office with payment for one year's dues. We look forward to welcoming you as a member of the MSFDA.

# Application for Membership

To the Maryland State Funeral Directors Association, Inc.:

*Having formed a favorable opinion of your Association, I hereby make application to become a member, and if my credentials are found to be in order, I agree to abide by the Constitution, By-Laws, Rules and Regulations of the Association. I've completed this application in its entirety and submit it for your review:*

Name \_\_\_\_\_ Birthday (**Month & Day**) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email (**Must be Included**) \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Business FAX \_\_\_\_\_

Business Email \_\_\_\_\_

Have been in business \_\_\_\_\_ year(s), or have been in the employ of the above-named business \_\_\_\_\_ years(s).

Maryland Funeral License # \_\_\_\_\_  Active  Inactive Expires \_\_\_\_\_

Licensed in another state? If so, list state(s) and funeral service licensee numbers:

State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_

State \_\_\_\_\_ License # \_\_\_\_\_

Academy of Professional Funeral Service Practice (APFSP) # \_\_\_\_\_ CFSP  Yes  No

Other Certifications: Certified Pre-Planning Consultant (CPC)  Yes  No Certified Crematory Operator (CCO)  Yes  No

If Recent Graduate, Name of Mortuary School \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Type of Business (check one):  Sole Proprietorship  Partnership  P.A.  Corporation  Additional Individual

If a corporation or partnership, please list the name and titles of all officers and designate which officers are licensed funeral directors and who holds the MSFDA's primary Category I or I-A membership.

Academy of Professional Funeral Service Identification # \_\_\_\_\_

Signature of Applicant

Date

Vouched For By \_\_\_\_\_ F.D., MSFDA Member  
Signature

Vouched For By \_\_\_\_\_ F.D., MSFDA Member  
Signature

[Office Use Only] MSFDA Board Approval Date \_\_\_\_\_

**MARYLAND STATE FUNERAL DIRECTORS ASSOCIATION ANNUAL DUES**  
**January 1, 2019 – December 31, 2019**

Please check one:

**Firm – Category I\*** \$1,695

**Please Indicate 2<sup>nd</sup> Voting Member:**

Name (First, MI, Last) \_\_\_\_\_ Birthday (Month & Day) \_\_\_\_\_  
 Funeral Service License # & State \_\_\_\_\_  
 Academy of Professional Funeral Service Practice (APFSP) # \_\_\_\_\_  
 Position (Owner, Manager, Staff Funeral Director, etc.) \_\_\_\_\_

**Firm – Category I-A\*** \$1,245

**Individual – Category II** \$ 545

**Associate** \$ 410

**Out of State** \$ 410

**Honorary Associate (first year licensee)** N/C

**TOTAL DUES REMITTED** **\$ \_\_\_\_\_**

\* A funeral home establishment must have one (1) Category I or I-A member. Please see next page to note firm’s licensed funeral directors who will receive continuing education mailings from MSFDA.

**PAYMENT OPTIONS**

Check Enclosed – Payable to the Maryland State Funeral Directors Association, Inc.

I authorize the following credit card transaction:  American Express  MasterCard  Visa  Discover

Cardholder’s Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVC # \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

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**\*\* Authorization to Fax and/or Conduct Telephone Solicitation \*\***

The guidelines implemented by the Federal Communications Commission (FCC) for communicating via fax require prior written consent to enable associations to fax information. **Please check the appropriate box and sign below.**

Yes, I authorize the MSFDA to fax information to me, which may include but not limited to membership dues renewal, educational seminar, convention, event and program notices. My fax # is \_\_\_\_\_.

No, I do not wish to receive information via fax nor participate in telephone solicitations.

\_\_\_\_\_  
 Signature of Applicant Date

**Notice Regarding Tax Deductibility of Dues**

**MSFDA dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as business expenses. Generally, funeral homes that pay MSFDA dues are able to deduct 100% of those dues as ordinary business expenses for federal tax purposes. However, due to the Budget Revenue Reconciliation Act of 1993 (the “Act”), any dues revenues utilized by a professional or trade association for lobbying purposes cannot be deducted by the member who paid the dues. In accordance with the Act, the Maryland State Funeral Directors Association is hereby notifying its membership that it estimates that 5.34% of 2019 MSFDA dues will not be deductible as ordinary business expenses for federal tax purposes. This estimate is to be utilized by MSFDA members in determining what portion of their MSFDA dues is deductible. Please provide a copy of this notice to your accountant and tax preparer.**

**For Category I Firm membership, please use this space to include all of your firm's licensed funeral directors who would be eligible to participate in MSFDA's continuing education programs at the member's discounted rate.**  
(Include separate sheet if necessary.)

**For Category IA Firm membership, please indicate three (3) of your firm's licensed funeral director who would be eligible to participate in MSFDA's continuing education programs at the member's discounted rate.**

Name (First, MI, Last) \_\_\_\_\_  
Funeral Service License # \_\_\_\_\_ Funeral Service License # \_\_\_\_\_  
Academy of Professional Funeral Service Practice (APFSP) # \_\_\_\_\_

Name (First, MI, Last) \_\_\_\_\_  
Funeral Service License # \_\_\_\_\_ Funeral Service License # \_\_\_\_\_  
Academy of Professional Funeral Service Practice (APFSP) # \_\_\_\_\_

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Name (First, MI, Last) \_\_\_\_\_  
Funeral Service License # \_\_\_\_\_ Funeral Service License # \_\_\_\_\_  
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