## **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  |   |  |  |  |  |
|   | 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  |  |  |  |  |
| Licensed in another state? If so, list state(s) and funeral ser | rvice licensee numbers:   |  |  |  |  |
| State   | License #   |  |  |  |  |
| State   | License #   |  |  |  |  |
| State   | License #   |  |  |  |  |
| Academy of Professional Funeral Service Practice (APFSI         | P) # CFSP 🗆 Yes 🗆 No  |  |  |  |  |
| Other Certifications: Certified Pre-Planning Consultant (C      | PC) ☐ 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 tit   | tles of all officers and designate which officers are licensed funeral director |  |  |  |  |
| and who holds the MSFDA's primary Category I or I-A m           | -   |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Academy of Professional Funeral Service Identification #        |   |  |  |  |  |
| ·   |   |  |  |  |  |
|   |   |  |  |  |  |
| Signature of Applicant  | Date  |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| [Office Use Only] MSFDA Board Approval Date                     |   |  |  |  |  |
| [Office Osc Offiy] MSI DA Doard Approval Date                   | <del></del>   |  |  |  |  |

## **Maryland State Funeral Directors Association**



2434 Morrcrest Dr, Corning, NY 14830

410-553-7706 • Email: msfda@msfda.net • Web Site: 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 any state. 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 and hold a Maryland mortician or funeral director license. 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 any state. 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 and hold a Maryland mortician or funeral director license. 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**. Newly Licensed Individual Membership / Category III. Newly licensed individual membership (Category III) may be held by a funeral practitioner who has been licensed two (2) to five (5) years 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 a current member of the Association or is an owner or corporate officer of a funeral establishment unless said establishment currently holds a funeral establishment membership in good standing. Newly licensed 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. A newly licensed individual member shall have the right to vote, hold office, serve on appropriate committees, and enjoy all other privileges of the Association.
- **E.** 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.
- **F.** *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.

**G.** *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.

## MARYLAND STATE FUNERAL DIRECTORS ASSOCIATION ANNUAL DUES January 1, 2025 – December 31, 2025

| Pl  | ease check one:  |               |                           |               |                            |  |
|---|--|---------------|---------------------------|---------------|----------------------------|--|
|   | ☐ Firm – Category I*   | \$1,6         | 595                       |               |                            |  |
|   | Please Indicate 2 <sup>nd</sup> Voting Member:   |               |                           |               |                            |  |
|   | Name (First, MI, Last) Funeral Service License # & State Academy of Professional Funeral Service Practice (APFSP) = Position (Owner, Manager, Staff Funeral Director, etc.)                | #             |                           |               |                            |  |
|   | ☐ Firm – Category I-A*   | \$1,2         | 245                       |               |                            |  |
|   | ☐ Individual – Category II   | \$ 5          | 545                       |               |                            |  |
|   | □ Associate  | \$ 4          | 10                        |               |                            |  |
|   | □ Out of State   | \$ 4          | 10                        |               |                            |  |
|   | ☐ Individual – Category III  | \$ 2          | 200                       |               |                            |  |
|   | ☐ Honorary Associate (first year licensee)   | N/C           |                           |               |                            |  |
|   | TOTAL DUES REMITTED  |               | \$_                       |               |                            |  |
|   | a funeral home establishment must have one (1) Category I or I-A mereive continuing education mailings from MSFDA.   | mber. Please  | see next page to note fir | rm's licensed | funeral directors who will |  |
|   | YMENT OPTIONS  Check Enclosed – Payable to the Maryland State Funeral Dir  | rectors Assoc | ciation, Inc.             |               |                            |  |
|   | I authorize the following credit card transaction:   |               |                           | □ Visa        | ☐ Discover                 |  |
| Cardholder's Name  Card Number Expiration Date  CVC # Billing Zip Code  Signature |  |               |                           |               |                            |  |
| **  | *****************  |               |                           |               |                            |  |
|   | ** Authorization to Fax and/or   | Conduct       | Telephone Solici          | tation **     |                            |  |
|   | e guidelines implemented by the Federal Communications Consent to enable associations to fax information. <b>Please check</b>  |               |                           |               | quire prior written        |  |
|   | 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 2025 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 <u>Category I Firm membership</u>, please use this space to include <u>all</u> 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 <u>Category IA Firm membership</u>, please indicate <u>three (3)</u> 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) #   |                           |   |
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| Academy of Professional Funeral Service Practice (APFSP) #   |                           |   |
| Name (First ML Last)   |                           |   |
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| Name (First, MI, Last)<br>Funeral Service License #  | Funeral Service License # |   |
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