



2019-2020

Membership Application

RETURN TO:

IFDA
 215 S. Grand Ave. West
 Springfield, IL 62704
 217-525-2000 | Fax: 217-525-8342
 info@ifda.org | www.ifda.org

Type of Membership Individual-Non-Firm Main Firm Associate
 Applying for: Licensed Intern Student

Basic Information *All applicants must complete this section. If applying for FIRM membership, only the owner or manager may complete.*

Name:		License Number:	
Street Address:			County:
City:		State:	Zip:
Phone:	Fax:	Email:	

Student Information

Enrolled School:	<input type="checkbox"/> Carl Sandburg	<input type="checkbox"/> Malcolm X	<input type="checkbox"/> SIU	<input type="checkbox"/> Worsham
<input type="checkbox"/> Other:	Enrollment Date:		Expected Graduation Date:	

Funeral Home (Firm) Information *Only required if applying for Firm or Associate Membership.*

Firm Name:			
Website:			
Street Address:			County:
City:		State:	Zip:
Phone:	Fax:	Email:	


Branch Firm Information *Only required if applying for Firm Membership. If multiple branches, fill out on separate page.*

Firm Name:			
Head Licensee of Operations:			
City:		State:	Zip:
Phone:	Fax:	Email:	

Licensing Information *Please list ALL employed licensees. Attach separate page if necessary.*

Name	License Number	Email Address

IFDA Investment	
# Licensed Employees	Annual Investment
Individual-Non-Firm	\$336
1-2	\$499
3-4	\$819
5-6	\$1073
7-8	\$1323
9-10	\$1579
11-12	\$1865
13-14	\$2145
15-16	\$2510
17-18	\$2928
19-20	\$3437
21+	Contact IFDA
Associate	\$525
Student/Licensed Intern	\$0

	Calculation
IFDA Investment Amount Based on Above	
Additional Voluntary IFDA Pac Fund Contribution	
Voluntary IFDA Scholarship Fund Contribution	
Total Amount Enclosed	
Payment	
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Money Order Enclosed <input type="checkbox"/> Charge Credit Card	
Credit Card #:	
Cardholder Signature: _____	
Exp. Date: _____	

Investments paid to the IFDA are not deductible as a charitable expense. Your investment can, however, be deductible as an ordinary and necessary business expense. The portion of your investment that is not deductible due to lobbying expenses for this fiscal year is 50%.

By signing below, you verify that you have reviewed and concur with the purposes and intent of the IFDA Constitution and Code of Professional Conduct, have reviewed the Illinois Funeral Directors and Embalmers Licensing Code and Rules and comply with all local, state, and federal regulations in all aspects, have filed all appropriate local, state, and federal forms and reports, as required, consent to receive communications sent by or on behalf of the IFDA via regular mail, email, telephone, or fax, and understand that providing fraudulent information is ground for immediate revocation of membership.

LICENSEE SIGNATURE: _____ DATE: _____

Fax or Mail to IFDA at the address listed at the top right of the front page.