



Professional. Compassionate. Dignified.

7046 East Fish Lake Road, Maple Grove, MN 55311
 Phone: 763-416-0124 Fax: 763-416-0124
 Email: info@mnfuneral.org Website: www.mnfuneral.org

Thank you for your support of the Minnesota Funeral Directors Association. Please complete your main firm information. Dues can be mailed to the address listed above or read below for further options.

Firm Name:

Name:

Address:

Phone:

Fax:

Website:

Email:

See reverse to complete information on branch location(s) →

2018 Membership Dues Calculation

Firm Dues:.....			\$ 440.00
Branch: (any additional facility that has a funeral establishment license)	# _____	x \$255.00	\$ _____
Cases: (total cases handled in 2017 excluding child/welfare/ship-out)	# _____	x \$8.00	\$ _____
TOTAL MFDA Annual Dues.....			\$ _____
<i>(Total Dues Cap at \$14,700)</i>			

Make check payable to Minnesota Funeral Directors Association and send to address listed above or pay by credit card below. You may also renew your membership online by logging in to your members-only profile on www.mnfuneral.org. If you need your login info, please email mtufto@mnfuneral.org or call Miki at 763-416-0124.

Credit Card # _____ Expiration: _____ Security Code: _____

Name: (if different from above) _____

Fax: 763-416-0124 or scan copy to kathy@mnfuneral.org Questions: Call 763-416-0124

Notice regarding tax deductibility of MFDA Dues

Because of the Budget Revenue Reconciliation Act of 1993, any dues revenues used by a professional or trade association for lobbying purposes cannot be deducted by the member who paid the dues. Therefore, MFDA hereby notifies its membership that the contributions or gifts to MFDA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses. MFDA estimates that 10% of MFDA dues paid by a member will not be deductible as ordinary business expense for federal tax purposes. Please provide a copy of this notice to your accountant and tax preparer.

Code of Professional Practices

“Membership in the Association carries with it the unqualified responsibility for members to adhere to a Code of Professional Practices enumerated in this section,” according to the Minnesota Funeral Directors Association. (Article VI, Section 1.) Please read the following statement and sign where indicated below (manager, general manager, or licensed owner’s signature).

Statement of Professional Practice:

“I (we) subscribe to the MFDA Code of Professional Practice, acknowledging my (our) support for (a) confidential business and professional relationships; (b) respect for all faiths, creeds, and customs; (c) all respect due the deceased; (d) competence and dignity in the conduct of all services; (e) complete information about funerals, including prices; (f) no representations, written or oral, which may be false or misleading, (g) opportunity for all persons to discuss, arrange, and or finance funeral service in advance of need; (h) assurance to all we serve of the right of personal choice and decision in making funeral arrangements and final disposition.”

NAME

DATE

Main Firm Name:

Additional Main Firm Employees

Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____

Branch Name: _____ Branch License#: _____
Branch Address: _____
Branch City: _____ Branch State: _____ Branch Zip: _____
Branch Phone: _____ Branch Fax: _____ Branch Website: _____
Branch Contact: _____ Branch Contact Email: _____

Send mail to this branch? Yes or No *(Must have mail receptacle to receive mail)*

Branch Employees

Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____

Branch Name: _____ Branch License#: _____
Branch Address: _____
Branch City: _____ Branch State: _____ Branch Zip: _____
Branch Phone: _____ Branch Fax: _____ Branch Website: _____
Branch Contact: _____ Branch Contact Email: _____

Send mail to this branch? Yes or No *(Must have mail receptacle to receive mail)*

Branch Employees

Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____
Last Name: _____ First: _____ Lic#: _____ Email: _____

Please make additional copies of form as needed or attach a list