

## APPLICATION FOR ASSOCIATE MEMBERSHIP - FDSA

Associate Members are such persons who are representatives of funeral supply companies. Associate Members shall be eligible to attend any meeting of the Association and shall receive all official mailings of the Association. Associate Members shall not have the right to vote or hold office in the Association.

Applicant's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_  
Area Code                      Number

Name of Firm Represented \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_  
Area Code                      Number

Position \_\_\_\_\_

Annual Associate Member Dues \$ \_\_\_\_\_

FDSA Member References \_\_\_\_\_  
\_\_\_\_\_

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

Please Return Completed Application To:

FDSA  
140 N. Bloomingdale Road  
Bloomingdale, IL 60108-1017  
telephone: 630-980-4740  
fax: 630-351-8490