

**FUNERAL DIRECTORS SERVICES ASSOCIATION  
OF GREATER CHICAGO  
APPLICATION FOR MEMBERSHIP**

The undersigned hereby applies for a Regular Membership in Funeral Directors Services Association of Greater Chicago, and agrees, if elected to membership, to abide and be bound by the provisions of the Constitution, By-Laws, Rules and Regulations and Policies of the Association.

A remittance in the amount of \$ \_\_\_\_\_ in payment of the required admission fee accompanies this application. It is understood and agreed that dues will be billed monthly following approval of this application.

Applicant is \_\_\_\_\_  
(a Partnership, a Corporation, an Individual)

operating under the name \_\_\_\_\_

Applicant is presently engaged in business at the following location (s).  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of the owner (if applicant is an individual); each officer and his/her official title (if a corporation); each partner (if a partnership); is as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensure as a licensed funeral director as issued by the State of Illinois and held by named above is as follows:

_____	License No. _____
_____	License No. _____
_____	License No. _____

The undersigned hereby certifies that the information furnished herewith is true and correct and submits the names of the following three trade references.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____	_____
(Name)	(Address)	(Telephone No.)

Recommended by _____	Signature of Applicant _____
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Approved by _____	Title _____
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Date of approval _____	Firm Name _____
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Forward to:	FDSA	Address _____
	140 N. Bloomingdale Road	
	Bloomington, IL 60108-1017	

Telephone:	630-980-4740	City _____	State _____	Zip _____	Telephone No. _____
Fax:	630-351-8490				