



**2011 APPLICATION FOR INDIVIDUAL MEMBERSHIP**

**Definition of Individual Membership:** Any individual not qualified for regular membership, but are associated with regular members, associate members, or are retired from the funeral profession.

**Individual Membership Criteria:**

- An individual applicant who is licensed under the Cremation, Interment and Funeral Services Act must hold a valid license and be in good standing under the Funeral Services Licensing and Business Practices Regulations. (Retired funeral professionals or non-practicing funeral professionals would be exempt from the above requirement, but would be required to meet all legislation requirements as or if applicable.) All applications shall be circulated to the regular membership at least thirty (30) days before such membership is to be considered for acceptance by the Board of Directors.

**Benefits of Individual Membership:**

- Individual members will have all UPDATE newsletters, education and professional development information forwarded directly to them. The UPDATE newsletter provides members with timely updates on advocacy issues and need-to-know information. E-INFO - in addition to monthly mail-outs, information can also be e-mailed directly to you. For only \$ 5.00 per month (that barely covers postage and supplies) you will be first to receive the most current information. Besides ... your annual membership fee of \$60.00 is tax deductible!

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NAME OF APPLICANT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LICENSED FUNERAL DIRECTOR NUMBER: \_\_\_\_\_

LICENSED EMBALMER NUMBER: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

Name of Funeral provider who is your employer

OR  I AM RETIRED FROM THE FUNERAL PROFESSION.

I hereby agree to pay an annual fee for membership of \$60.00 plus \$7.20 hst, which I have enclosed. We also accept VISA and MasterCard.

SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

Credit Card Payment:	Card Type:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>
_____	_____	_____	_____
Card Number	Expiry Date (m/y)		
_____	_____		
Cardholder's Name	Cardholder's Signature		