

2018 FIRM MEMBERSHIP DUES

Indiana Funeral Directors Association
January 1, 2018 - December 31, 2018



1305 W. 96th Street, Suite A
Indianapolis, IN 46260
317-846-2448 | 800-458-0746

ESTABLISHMENT INFORMATION

Firm Name: _____ F.H. License #: _____

Address: _____

City/State/Zip: _____ District: _____

Phone: _____ Fax: _____ County: _____

E-mail: _____ Website: _____

Name of Owner: _____ Name of Manager: _____

Cell phone number of owner or manager: _____

(This is for emergency purposes only and will not be given out, printed or sold.)

DUES COMPUTATION

Total number of original death certificates filed for your firm(s) in 2017. This amount includes all death certificates of all funeral homes under the same ownership filed in calendar year 2017.

Total number of death certificates filed in 2017 _____

IFDA DUES:

Establishment Base Fee: \$ **225.00**

\$5.25 x _____ Death Certificates \$ _____

\$2.75 for all death certificates over 500 certificates filed \$ _____

Up to 500 death certificates where services totaled over \$600,
the fee is \$5.25 per death certificate; then it is \$2.75 for all
death certificates over 500 filed.

Add \$50.00 for payment postmarked after February 1, 2018 \$ _____

Individual Home Mailing Fee (\$50 each) - forward from back \$ _____

Voluntary IFDA Legislative Fund Contribution \$ **100.00**

Voluntary Indiana Education Foundation Contribution (Tax deductible 501 (c)(3) Foundation) \$ **100.00**

All donations go towards the Isaac Ball Fellow designation. A cumulative
donation of \$1000 earns this distinction – OR to become an Isaac Ball
immediately, enclose donation of \$1,000

TOTAL AMOUNT ENCLOSED \$ _____

PAYMENT OPTIONS

Check Enclosed (made out to IFDA) Check #: _____

Please charge my: MC Visa Amex Discover Credit Card Number: _____

Exp. Date: _____ Security Code (on back of card): _____

Cardholder Signature: _____

One annual payment Four quarterly Payments (credit card charges only)

← ← OVER → →

BRANCH LISTING(s) (Attach separate page if necessary)

Branch Name: _____
Licensed person designated as the responsible party: _____
Street Address: _____
Mailing Address (if different): _____
City: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
Email Address _____

Should this branch receive IFDA mailings? Yes No

Branch Name: _____
Licensed person designated as the responsible party: _____
Street Address: _____
Mailing Address (if different): _____
City: _____ Zip: _____ County: _____
Phone: _____ Fax: _____
Email Address _____

Should this branch receive IFDA mailings? Yes No

Please list ALL licensees of your funeral home and their funeral director license numbers. If you do not list all of your funeral directors, they will be removed from the database. (Use a separate sheet of paper if needed)

FUNERAL DIRECTOR	LICENSE #	EMAIL ADDRESS
_____	_____	_____

I wish to receive the newsletter and mailings at my home address for \$50
Mailing Address: _____

I wish to receive the newsletter and mailings at my home address for \$50
Mailing Address: _____

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Mailing Address: _____

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Mailing Address: _____

I wish to receive the newsletter and mailings at my home address for \$50
Mailing Address: _____

Dues Payment To The Indiana Funeral Directors Associations May Be Deductible As Business Expenses, But Under No Circumstances Are They Deductible As Charitable Contributions. In Accordance With The Budget Revenue Reconciliation Act, 9.24% of 2018 IFDA Dues Paid By A Member Will Not Be Deductible As Ordinary Business Expenses For Federal Tax Purposes.

By paying the 2018 annual dues, I authorize the Indiana Funeral Directors Association, Hightower Services, Inc., and the Indiana Funeral Education Foundation to transmit notices, bulletins, advertisements, and solicitations by fax, email and/or telephone.

FOR IFDA OFFICE USE ONLY

Dues Payment Deposited	Initials _____	Date _____	Check # _____	CC Confirmation # _____
Recorded in computer	_____	_____		
Member Mailing Completed	_____	_____		