

2010 MEMBERSHIP DUES

Indiana Funeral Directors Association
January 1, 2010 - December 31, 2010

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: _____

please check if you would like your website listed in the 2010 Book of Facts

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 2009. This amount includes all death certificates of all funeral homes under the same ownership filed in calendar year 2009.

Total number of death certificates filed in 2009. _____

IFDA DUES:

Establishment Base Fee:	\$ 173.00
\$4.17 x _____ Death Certificates	\$ _____
\$2.17 for all death certificates over 500 certificates filed	\$ _____
<i>Up to 500 death certificates where services totaled over \$600, the fee is \$4.17 per death certificate; then it is \$2.17 for all death certificates over 500 filed.</i>	

Add \$50.00 for payment postmarked after February 1, 2010 \$ _____

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) OR Please charge my MC Visa Amex Discover

Account Number _____ Exp. Date _____

Cardholder Signature _____

Security Code (on back of card) _____

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

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

Branch Name: _____
 Licensed person designated as the responsible party: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ County: _____
 Should this branch receive all IFDA mailings? Yes No

Branch Name: _____
 Licensed person designated as the responsible party: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____ Fax: _____ County: _____
 Should this branch receive all IFDA mailings? Yes No

Please list all licensed employees of your funeral home and funeral license numbers.
 (Use a separate sheet of paper if needed)

NAME	License #	NAME	License #

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, 10.12% Of 2010 IFDA Dues Paid By A Member Will Not Be Deductible As Ordinary Business Expenses For Federal Tax Purposes.

By paying the 2010 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 and/or telephone.

FOR IFDA OFFICE ONLY					
	Initials	Date		Initials	Date
Dues Recorded and deposited	_____	_____	Firm Member card printed	_____	_____
Dues Recorded in computer	_____	_____	Member's mailing completed	_____	_____
Check # _____	MF _____	EDFND _____	LEG _____	IBF _____	