



CALIFORNIA FUNERAL DIRECTORS ASSOCIATION

APPLICATION FOR MEMBERSHIP

One Capitol Mall, Suite 320
Sacramento, CA 95814
Phone: (800) 255-CFDA
Fax: (916) 444-7462
Website: www.cafda.org
Email: cfda@amgroup.us

Application is herewith made for membership in the California Funeral Directors Association. The following information is provided as a basis for membership classification to determine membership fees. The \$75.00 application fee must be paid by the applicant prior to consideration for membership by the Board of Directors of the Association. The undersigned, if accepted as a member, agrees to observe and abide by the rules of the Association as set forth in the *Bylaws* and the *Code of Ethics*.

Contact Information

Firm Name _____

Managing Funeral Director _____

Site Address _____

City _____

State _____ Zip _____ County _____

(More than one firm in your group? Please fill out #1 below, with company names, location and license numbers.)

Mailing Address _____

(If different from site address)

City _____

State _____ Zip _____

This firm is: sole proprietorship partnership corporation

This firm provides the following services:

Establishment License No. FD _____

Managing Director's License No. FDR _____

A separate establishment license number and managing Director's license number is required.

Telephone _____ Fax _____

Email _____

Website _____



Do you or your staff have any talents that would be helpful to CFDA? ie: Musical, Entertainment, Graphic Design.

List names of all owners, or if Corporation at least two (2) officers:

Name _____

Title _____

Name _____

Title _____

Name _____

Title _____

Please answer the following:

1. Do you have a financial interest as an owner, stockholder, or a trust beneficiary in another licensed location other than the establishment listed above? Yes No

If yes, please name establishment(s), location(s), license number(s):

Company Name **FD #** **FDR#** **Address, City, Zip, County**

Company Name	FD #	FDR#	Address, City, Zip, County

2. Does any other licensed funeral establishment(s) have financial interest in this location? Yes No

If yes, please name establishment(s), location(s), license number(s), and percentage (%) of ownership: _____

3. Does your firm own a Cemetery or Crematory? Please list all that apply: _____

PLEASE READ AND SIGN THE REVERSE SIDE OF THIS FORM

CALIFORNIA FUNERAL DIRECTORS ASSOCIATION

Code of Ethics

IN ORDER TO FOSTER AND PERPETUATE HIGH ETHICAL STANDARDS IN THE FUNERAL SERVICE PROFESSION, EACH MEMBER OF THIS ASSOCIATION HEREBY PLEDGES TO ADHERE TO THE FOLLOWING RULES OF PROFESSIONAL CONDUCT:

To set an example of good citizenship by honesty and fairness in all dealings.

To perform all services in a dignified and respectful manner.

To respect the confidence of each family served.

To be ever mindful of the welfare of co-workers.

To observe all public health laws and support enactment of all just laws pertaining to the mortuary profession.

To encourage the advancement of all facets of funeral service.

To extend any assistance necessary in offering service in individual cases of actual hardship.

To conduct all services in a manner that will assist in meeting the needs of the decedent, both religious and personal of all those served.

To cooperate and deal fairly with other funeral directors.

Signed _____ Date _____

Print Name _____ Title _____

ALL APPLICATIONS MUST BE ACCOMPANIED BY A \$75.00 APPLICATION FEE

Approved by the CFDA on: _____

President _____ Secretary _____