

INDEPENDANT FUNERAL DIRECTORS ASSOCIATION OF
AUSTRALIA(INC)
APPLICATION FOR MEMBERSHIP



Company Name _____

Primary Contact person _____

Secondary contact person _____

Postal address _____

Office Address _____

Telephone No _____ Fax No _____ Email _____

Company Trading name(s) _____

I _____ director of the above company agree to abide by the code of ethics as set down in the constitution of the "Independent Funeral Directors Association of Australia(Inc)" and to offer assistance to any member of that association if requested.

Signed _____ Dated _____

Membership Fee is \$320.00 yearly
Please make cheques payable to the IFDAA (Inc)

And forward to the **Membership Director**
IFDAA (Inc)
30 Talara Way
Mango Hill Qld 4509

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Office use only

Date Received \_\_\_\_\_ Date Membership ratified \_\_\_\_\_

Date Certificate of membership forwarded \_\_\_\_\_