

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 Dues Payable \$320.00 per year**

**Please make cheques payable to the IFDAA (Inc)**

And forward to the **Membership Director**  
**IFDAA (Inc)**  
**PO BOX 602**  
**Deception Bay QLD 4508**

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Office use only

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

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