



2026 Introductory Offer International Membership Dues Application (For New Members Only)

Not for Canadian members

13625 Bishop's Drive
 Brookfield, Wisconsin 53005-6607
 Local: +1.262-789-1880
 Fax: 262-789-6977

If you have any questions, please call a Member Services Representative at +1-262-789-1880
It is understood and agreed that membership in NFDA is conditioned upon adherence to the NFDA Constitution, Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by NFDA including, but not limited to, expulsion from membership.
Dues expire 31/12/26.

Step 1

Member Name: _____
 List funeral home for company membership.*
 List funeral director name for individual membership.*

Funeral Home: _____
 (Main Location)
 Mailing Address: _____
 City/State/Postal Code: _____
 Country: _____
 Street Address: _____
 City/State/Postal Code: _____
 Country: _____
 Telephone: Include Country Code _____
 Fax: _____
 Check if fax line only
 Funeral Home E-mail: _____
 Website: _____

Step 2 Company Membership *(includes all locations and all funeral directors)

1. Company Membership	
Dues based on # of families you served last year	
Tier 1 (0-75)	\$267 \$533
Tier 2 (76-150)	\$307 \$613
Tier 3 (151-350)	\$476 \$951
Tier 4 (351-500)	\$ 573 \$1,146
Tier 5 (501-1,000)	\$862 \$1,723
Tier 6 (1,001+)	\$1,075 \$2,149
OR Individual Membership	
Individual Funeral Director	\$200 \$400
Student in Funeral Service School/Program	\$33 \$65
2. Additional Director Subscriptions	
\$108 x _____ = \$ _____	
(# of subscriptions in excess of 5 members)	
3. Lock in 2026 rates and renew for 3 years at current rates. Yes, please renew me for: 2026 <input type="checkbox"/> 2027 <input type="checkbox"/> 2028 <input type="checkbox"/>	
4. Total Dues	\$ _____

Please see back of the form to list additional locations.

Step 3 (List funeral directors/embalmers at main location only in step 3. List licensees at additional locations in step 4.)

Funeral Director #1 <small>Circle</small> Name: MR/MS _____ License # (if applicable) _____ Telephone: _____ Cell #: _____ E-mail: _____ <input type="checkbox"/> Director Subscription (Check if yes) (Included with membership)	Funeral Director #2 <small>Circle</small> Name: MR/MS _____ License # (if applicable) _____ Telephone: _____ Cell #: _____ E-mail: _____ <input type="checkbox"/> Director Subscription (Check if yes) (Included with membership)	Funeral Director #3 <small>Circle</small> Name: MR/MS _____ License # (if applicable) _____ Telephone: _____ Cell #: _____ E-mail: _____ <input type="checkbox"/> Director Subscription (Check if yes) (Included with membership)
Funeral Director #4 <small>Circle</small> Name: MR/MS _____ License # (if applicable) _____ Telephone: _____ Cell #: _____ E-mail: _____ <input type="checkbox"/> Director Subscription (Check if yes) (Included with membership)	Funeral Director #5 <small>Circle</small> Name: MR/MS _____ License # (if applicable) _____ Telephone: _____ Cell #: _____ E-mail: _____ <input type="checkbox"/> Director Subscription (Check if yes) (Included with membership)	Funeral Director #6 <small>Circle</small> Name: MR/MS _____ License # (if applicable) _____ Telephone: _____ Cell #: _____ E-mail: _____ <input type="checkbox"/> Director Subscription (Check if yes) \$96

**See back for the benefits of company vs. individual membership*

