

Colorado Funeral Directors Association

# Allied/Supporting Membership Application for 2007

An **Allied or Supporting Member** is defined by the CFDA as "Any enterprise which exists for the purpose of selling or providing services or merchandise to funeral service firms that provide funeral services to the general public within the state of Colorado, whether constituted as a sole proprietorship, partnership, corporation or other legal form of enterprise."

Company \_\_\_\_\_

Key Contact \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web \_\_\_\_\_

Please include a brief description of your products and services. This will be included with your listing on the CFDA web site.

Who may we thank for encouraging you to join CFDA? \_\_\_\_\_ (optional)

Allied Membership dues are based on the business' number of employees committed to funeral service in Colorado. Please check your appropriate category below:

- Small Firms** - 1 to 5 employees, state or local in scope \$100
- Medium Firms** - 6 to 20 employees, may be regional in scope \$225
- Large Firms** - more than 20 employees (example: national manufacturing) \$375

**Amount enclosed with this dues statement: \$** \_\_\_\_\_

**Payment Options**     Check payable to CFDA     VISA<sup>®</sup>     MasterCard<sup>®</sup>

<sup>®</sup>Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security code \_\_\_\_\_

Cardholder's name (print) \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_

CFDA communicates with its members by mail, fax and/or email. It is understood that by providing the mailing address, email address, telephone number and fax number, we consent to receive communications sent by or on behalf of CFDA. *You must indicate below if you do not wish to receive fax or email communications from CFDA.\**

\*  I/we **do not give consent** to the Colorado Funeral Directors Association to send information by way of fax or email. [Please note: Your fax number(s) and/or email address(es) will not be recorded in our database and therefore CFDA will not be able to communicate with you through these methods.]

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Completion

I attest that the above information is true and accurate and hereby apply for Allied Membership in the Colorado Funeral Directors Association for calendar year 2007. I/we agree to uphold the mission and bylaws of the association and also understand that failure to remit dues will result in loss of membership and all rights and privileges thereof.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form with payment to:

### Colorado Funeral Directors Association

P. O. Box 631664, Highlands Ranch, CO 80163-1664

Phone 303-791-2336 Fax 720-344-5297 Email cfda@ascentmeetings.com www.cofda.org

**For CFDA Use** Received \_\_\_\_\_ Paid \$ \_\_\_\_\_ Ck# \_\_\_\_\_

Q \_\_\_\_\_ DB \_\_\_\_\_ Ack \_\_\_\_\_ Web \_\_\_\_\_