

Colorado Funeral Directors Association  
**Establishment Member Application**

(January 1-December 31)



V. 2/2010

Please print legibly or type below.

Primary Establishment Name<sup>1</sup> \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City, State \_\_\_\_\_ Postal code \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ Web site \_\_\_\_\_  
 Primary contact person \_\_\_\_\_ Title \_\_\_\_\_

CFDA communicates with its members primarily by email. CFDA does not release member email addresses to outside sources. You must indicate at the bottom of this form if you do not wish to receive fax or email communications from CFDA. \*

**Annual Membership Dues**

Establishment Member dues is determined by the total number of cases/death certificates filed during the last calendar year. This should include total number cases for the primary and any affiliated locations, but should not include cases filed while acting as an agent on behalf of another funeral service professional. *Caseload volumes reported for dues purposes will be kept confidential and shall not be disclosed by CFDA to unauthorized third parties.*

Total number of cases/death certificates filed in last calendar year:

Please select the appropriate level below based on your total caseload reported above:

- A Level:** Up to 50 cases per year ..... **\$100 annual dues** (1 communications contact) *Minimum dues*
- B Level:** Up to 100 cases per year ..... **\$200 annual dues** (2 communications contacts)
- C Level:** Up to 250 cases per year ..... **\$400 annual dues** (3 communications contacts)
- D Level:** Up to 500 cases per year ..... **\$700 annual dues** (4 communications contacts)
- E Level:** More than 500 cases per year ... **\$1,000 annual dues** (6 communications contacts)

Primary establishments may include membership for up to four (4) additional locations at no charge. Affiliated establishments and employees at those locations are entitled to the same benefits as Primary members, except voting privileges.

Please refer to Page 2 of this application form to add communications contacts and affiliated establishment locations.

Each primary Establishment Member firm is entitled to three votes and may designate up to four (4) additional voting entities (maximum of seven votes) for an additional \$200 per voting entity. Designating additional locations as voting entities is optional and is not included in the Primary dues amount.

**Payment** CFDA's Tax ID# 84-0454478

\$ \_\_\_\_\_ Primary Establishment Dues  
 \$ \_\_\_\_\_ Additional Non-voting Affiliates - # \_\_\_\_\_ Locations (pg 2)  
 \$ \_\_\_\_\_ Additional Voting Entities at \$200 each - # \_\_\_\_\_ (pg 2)  
**\$ \_\_\_\_\_ Total Amount Due**

**Payment Options:**  Check payable to "CFDA"  
 VISA<sup>†</sup>  
 MasterCard<sup>†</sup>  
\*Please include credit card information below

<sup>†</sup>Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Security code \_\_\_\_\_  
 Cardholder's name (print) \_\_\_\_\_ Signature \_\_\_\_\_

**Completion**

I/we attest that the above information is true and accurate and hereby apply for Establishment Membership in the Colorado Funeral Directors Association. I/we agree to uphold applicable state and federal laws, and agree to uphold the standards of practice, Mission, Bylaws and Code of Ethics of the CFDA. I/we also understand that failure to remit dues will result in loss of membership and all rights and privileges thereof.

➔ Signature required \_\_\_\_\_ Date \_\_\_\_\_

*Please submit this form with payment to:*  
**Colorado Funeral Directors Association (CFDA), P. O. Box 631664, Highlands Ranch, CO 80163-1664**  
 Phone 303-791-2336 Fax 303-395-2609 Email mail@cofda.org Web www.cofda.org

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. Sign here to decline consent>* \_\_\_\_\_

**Affiliated Establishment Locations**

Please list additional (non-voting) locations that are affiliated with Primary establishment. Designate as additional voting entity, if desired.

2. Establishment Name <input type="checkbox"/> Non-voting \$0 <input type="checkbox"/> Voting \$200	3. Establishment Name <input type="checkbox"/> Non-voting \$0 <input type="checkbox"/> Voting \$200
Mailing address	Mailing address
City, State, Postal code	City, State, Postal code
Phone Fax	Phone Fax
Email	Email
Primary Contact Person	Primary Contact Person
4. Establishment Name <input type="checkbox"/> Non-voting \$0 <input type="checkbox"/> Voting \$200	5. Establishment Name <input type="checkbox"/> Non-voting \$0 <input type="checkbox"/> Voting \$200
Mailing address	Mailing address
City, State, Postal code	City, State, Postal code
Phone Fax	Phone Fax
Email	Email
Primary Contact Person	Primary Contact Person

**Communication Contacts**

CFDA communicates with its members primarily by 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.

All individuals employed at Establishment Member locations are entitled to benefits of CFDA membership such as discounted registration fees at seminars, convention, etc. Based on the membership level of the organization, each establishment may designate 1-6 contact people to receive ongoing communication from CFDA. This may include newsletters, bulletins, promotional materials, etc. Please provide the names of the employees you wish to receive communications from CFDA. *(These contacts may be changed at the member's discretion.) Please print legibly or type below.*

Contact Name	Email address
1.	
2.	
3.	
4.	
5.	
6.	

*Please submit this form along with Page 1 to:*  
**Colorado Funeral Directors Association (CFDA)**  
**P. O. Box 631664, Highlands Ranch, CO 80163-1664 USA**

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