

Colorado Funeral Directors Association
Establishment Member Application

Please print legibly or type below.

Primary Establishment Name¹ _____
Mailing address _____
City, State _____ Postal code _____
Phone (_____) _____ Fax (_____) _____
Email _____ Web site _____
Primary contact person _____
Title of primary contact person _____

Annual Dues

Establishment Member dues is determined by the total number of cases/death certificates filed for the last calendar year (minus those filed while acting as an agent on behalf of another funeral service professional). Please provide the following information:

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

Caseload volumes reported for dues purposes will be kept confidential and shall not be disclosed by CFDA to unauthorized third parties.

Please select the appropriate level below based on your 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) *Maximum dues*

Voting Designation

Each primary Establishment Member firm above is entitled to three votes, which includes all locations. Multiple location establishments may pay an additional \$200 each to designate additional locations as voting entities for a maximum of four additional locations (four additional votes, maximum of seven votes). Designating additional locations as voting entities is optional and is not included in the dues amount.

Additional Locations and/or Establishments

Please list additional locations below and designate as additional voting entity, if desired.

Establishment Name² _____
Mailing address _____
City, State _____ Postal code _____
Phone (_____) _____ Fax (_____) _____
Email _____ Primary contact person _____

Please designate the above location as an additional voting entity (add \$200 dues to total dues).

Establishment Name³ _____
Mailing address _____
City, State _____ Postal code _____
Phone (_____) _____ Fax (_____) _____
Email _____ Primary contact person _____

Please designate the above location as an additional voting entity (add \$200 dues to total dues).

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Establishment Name⁴ _____
Mailing address _____
City, State _____ Postal code _____
Phone (_____) _____ Fax (_____) _____
Email _____ Primary contact person _____

Please designate the above location as an additional voting entity (add \$200 dues to total dues).

Establishment Name⁵ _____
Mailing address _____
City, State _____ Postal code _____
Phone (_____) _____ Fax (_____) _____
Email _____ Primary contact person _____

Please designate the above location as an additional voting entity (add \$200 dues to total dues).

Communication Contacts

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.**

All individuals employed at the Establishment Member location 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.*

- 1. _____ Email _____ *
- 2. _____ Email _____ *
- 3. _____ Email _____ *
- 4. _____ Email _____ *
- 5. _____ Email _____ *
- 6. _____ Email _____ *

* 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 Establishment Membership in the Colorado Funeral Directors Association. 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 _____

Dues Calculation & Payment

Primary Establishment Dues (page 1) \$ _____
+ _____ Additional Voting Locations at \$200 \$ _____
Total Amount Enclosed \$ _____

Payment Options: Check
 VISA⁺
 MasterCard⁺

**Please include credit card information below*

⁺Card # _____ Exp. _____

Cardholder's name (print) _____ Cardholder's Signature _____

Please submit this application/renewal with payment to:
Colorado Funeral Directors Association (CFDA)
P. O. Box 631664, Highlands Ranch, CO 80163-1664
Phone 303-791-2336 Fax 720-344-5297 Email cfda@ascentmeetings.com Web www.cofda.org