



521 First Street, PO Box 10
 Milford, NE 68405
 Phone: (402) 761-2217
 Fax: (402) 761-2224
 Email: staff@nefda.org
 Website: www.nefda.org

NeFDA Affiliate Membership Application

We invite you to become an Affiliate member with the Nebraska Funeral Directors Association. Those eligible for NeFDA Affiliate Membership are any funeral supplies sales persons, manufacturer's representatives, and allied industry representatives to the funeral service profession in Nebraska. Please complete this membership form and return the completed form and your payment to:

NeFDA
521 First Street, PO Box 10
Milford, NE 68405

Affiliate Membership Dues	\$60.00
NeFDA State PAC Fund Contribution	+ _____
The recommended NeFDA PAC contribution is \$50 per affiliate member. PAC contributions must be made by separate personal check to Nebraska Funeral Directors Association State PAC Fund.	
TOTAL PAYMENT	= \$ _____

Tax Deductibility of NeFDA Dues

While association dues payments may be deductible by members as an ordinary and necessary business expense, dues are not deductible as charitable contributions for federal income tax purposes. As well, 10.6% of NeFDA dues are spent in lobbying activities. This percentage of your NeFDA dues payment (10.6%) is not deductible from your federal income taxes. Please provide a copy of this notice to your accountant or tax preparer.

Membership Acknowledgement

The enclosed dues form provides affiliate membership in NeFDA. All affiliate member benefits will be available to me. It is sometimes necessary and timely for NeFDA to contact its members by email and fax with news alerts, notification of member benefits, and other important information. As a member of the association, I consent to receive all emails and faxes of any kind, including commercial solicitations, sent by or on behalf of the NeFDA. I understand that my email and fax information will not be sold to any outside entity.

Signature

Date

Print Name

INSTRUCTIONS: Please fill out the following page and return to the NeFDA office. Your information will be kept at the NeFDA office. Please return all pages to NeFDA with your payment, as your contact information is used to print the NeFDA directory. Thank you!

Credit Card Payment: _____ Visa _____ MasterCard
 Account # _____ - _____ - _____ - _____ Exp. Date ____ / ____
 Name as it appears on credit card: _____
 Signature: _____

NeFDA Affiliate Membership Application

Name:

Employer (if applicable):


Job Title (if applicable):


Work Mailing Address (PO Box):

City/State/Zip:

Street Address:

City/State/Zip:

 Telephone Number: (____) _____ - _____

 Fax Number: (____) _____ - _____ Check if fax line only


Home Mailing Address (PO Box):

City/State/Zip:

Street Address:

City/State/Zip:

 Telephone Number: (____) _____ - _____

 Fax Number: (____) _____ - _____ Check if fax line only

Preferred Mailing Address: **Work** **Home**

Email: _____ Website: _____

I wish to receive the quarterly NeFDA Newsletter: Via Mail Electronically

Describe your relationship to the Funeral Service Industry:

This information is for internal use only and will not be provided to other entities.