



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 Associate Membership Form

We invite you to become an Associate member with the Nebraska Funeral Directors Association! Those eligible for NeFDA Associate Membership are one of the following: a) Funeral directors duly licensed under the State of Nebraska who are in the profession of funeral directing and who are not owners of or employed by a Firm Member; b) Employees, retired employees and associates who are not licensed funeral directors under Nebraska law and who are affiliated with a Firm Member; or c) Funeral directors licensed under the laws of the State of Nebraska who are not presently engaged in the profession of funeral directing.

Please complete this membership form and return the completed form and your payment to:

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

**2013 Associate Membership Dues** \$60.00

**NeFDA State PAC Fund Contribution** + \_\_\_\_\_

The recommended NeFDA PAC contribution is \$50 per associate 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 associate membership in NeFDA for the year. All associate 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. Please return all pages to NeFDA with your payment. This information is used to print the NeFDA directory in February so your thorough and prompt review of this material is very beneficial. Thank you!

Credit Card Payment: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Signature: \_\_\_\_\_

## NeFDA Associate Membership Form

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: (i.e...retired, etc.)

\_\_\_\_\_

Nebraska License #: \_\_\_\_\_ Year Licensed: \_\_\_\_\_

Are you licensed in other states? If yes, list states: \_\_\_\_\_

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