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## NeFDA Membership Form

### **Main Location:**

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

Funeral Home Name: \_\_\_\_\_

Mailing Address (PO Box): \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Funeral Home License #: \_\_\_\_\_

☎ Telephone Number: ( \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_

☎ Fax Number: ( \_\_\_\_ \_\_\_\_ ) \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_  Check if fax line only

Funeral Home Email: \_\_\_\_\_ Website: \_\_\_\_\_

If applicable, would you like to post your website on the NeFDA Website?  Yes  No

Number of Branch Locations: \_\_\_\_\_  None

### **Licensee(s) at Main Location:**

**Primary Contact (First/Middle Initial/Last):** \_\_\_\_\_

License #: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

**Full Name (First/Middle Initial/Last):** \_\_\_\_\_

License #: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ Email: \_\_\_\_\_

**Full Name (First/Middle Initial/Last):** \_\_\_\_\_

License #: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: Please make copies of this page for the number of branches under Main Location.**

**Please do not list the same individuals more than once at main location or at additional locations.**

**Branch:**

Funeral Home Name: \_\_\_\_\_

Mailing Address (PO Box): \_\_\_\_\_


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

Street Address: \_\_\_\_\_

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

Funeral Home License #: \_\_\_\_\_

 Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

 Fax Number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  Check if fax line only

Funeral Home Email: \_\_\_\_\_ Website: \_\_\_\_\_

Preferred Mailing Address:  Branch Listed Above  Main Location

**Full Name (First/Middle Initial/Last):** \_\_\_\_\_

License #: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ Email: \_\_\_\_\_

**Full Name (First/Middle Initial/Last):** \_\_\_\_\_

License #: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ Email: \_\_\_\_\_

**Full Name (First/Middle Initial/Last):** \_\_\_\_\_

License #: \_\_\_\_\_

Year Licensed: \_\_\_\_\_ Email: \_\_\_\_\_