



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 Trade Service Membership Form

We invite you to become a Trade Service Member with the Nebraska Funeral Directors Association! Those eligible for NeFDA Trade Service Membership are crematories, trade services, first call services or embalming services that have a licensed funeral director who is in good standing in the State of 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**

<b>Trade Service Membership Dues</b>		\$250
<b>TOTAL PAYMENT</b>	=	\$ _____

**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 Trade Service membership in NeFDA for one year. All Trade Service 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. 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 Trade Service 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.*