



OHIO FUNERAL DIRECTORS ASSOCIATION

FUNERAL HOME MEMBERSHIP APPLICATION

The funeral home(s) listed on the attached application is applying for membership in the Ohio Funeral Directors Association (“OFDA”).


1. **Eligibility** A funeral home that is duly licensed under the laws of the state of Ohio may apply for membership in OFDA as a firm member. An applicant must receive an affirmative vote of the majority of the members of the OFDA Executive Committee in order to be admitted into membership.

2. **Application** Please complete the attached application in its entirety. If the firm member applicant also has one or more branch funeral homes under common ownership, the application should list each of the branch member applicants. If more space is needed for branch listings, please make copies of the application. An application will only be considered if it is filled out completely and lists the names of two Ohio funeral directors willing to provide a recommendation for the funeral home applicant. Following OFDA staff processing, the application will be reviewed by the OFDA Executive Committee at their next regularly scheduled meeting. Dues for balance of calendar year must accompany this application. Please call OFDA (800-589-6332) for pro-rated figure.

3. **Signature** As a licensed Ohio funeral director representing the funeral home(s) applying for membership in the OFDA, the applicant agrees as a condition of membership that the applicant will abide by the OFDA Bylaws that have or may be adopted by OFDA. Our firm understands that providing our mailing address, e-mail address, telephone and fax numbers, we consent to receive communications sent by or on behalf of OFDA.

Signature _____ Date _____

Contact Amy L. Baucher for total dues investment amount at 800-589-6332 or amyb@ofdaonline.org

PAYMENT INFORMATION			
Cardholder's name		Please submit completed application, along with payment to: OFDA ATTN: Membership P. O. Box 21760 Columbus, OH 43221 amyb@ofdaonline.org Fax: 614-486-5358	
Billing address			
			
Card number	Security Code		
Signature		Date	
Amt. Due		FOR OFFICE USE ONLY	
Check Number#		Date Received: _____	
		OFDA Secretary: _____	

MAIN FIRM SECTION

Primary Contact		FD/EMB#
Primary Contact E-mail	FH Website	
Firm Name		FH License #
Address, City, State, Zip		County
Phone	Fax	

Funeral Home Facility is: established business new business

Total number of death certificates filed for location(s) annually (include all branches)

List two Ohio funeral directors, excluding coworkers and family members, willing to recommend you for membership:

Name	Phone
Name	Phone

All employees enjoy member benefits, such as discounts on seminars and access to online communications.
Please provide their information:

Main firm employee name(s)	FD/EMB#	Individual Email address	Is FD 40 or younger?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>



BRANCH FIRM

Primary Contact			FD/EMB#
Primary Contact E-mail		FH Website	
Firm Name			FH License #
Address, City, State, Zip			County
Phone		Fax	
Branch firm employee name(s)	FD/EMB#	<i>Individual</i> Email address	Is FD 40 or younger?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

(make copies if more than two branch locations)

BRANCH FIRM

Primary Contact			FD/EMB#
Primary Contact E-mail		FH Website	
Firm Name			FH License #
Address, City, State, Zip			County
Phone		Fax	
Branch firm employee name(s)	FD/EMB#	<i>Individual</i> Email address	Is FD 40 or younger?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

(make copies if more than two branch locations)