



Florida Cemetery, Cremation & Funeral Association Membership Application

Internal Only
Member #: _____

Name: _____ License #: _____

Company Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Email: _____

CEMETERY MEMBERSHIP DUES*

Dues schedule is based on sales volume as reported to the State for current cemetery license renewal. Branches with the **same** name may join for \$250 each.

Sales Volume	Dues Amount	Sales Volume	Dues Amount
• Under \$200,000	= \$300	• \$500,001 - \$800,000	= \$1000
• \$200,001 - \$350,000	= \$600	• \$800,001 and above	= \$1250
• \$350,001 - \$500,000	= \$800		

* Number of calls reported to the Division of Funeral, Cemetery & Consumer Services (previous year): _____

FUNERAL HOME & CREMATORY MEMBERSHIP DUES*

Dues = \$3.50 x # of calls reported to the state for the previous year plus \$100 base dues (minimum of \$250 – maximum of \$1,500). Branches with the **same** name may join for \$250 each.

* Number of calls reported to the Division of Funeral, Cemetery & Consumer Services (previous year): _____

SUPPLIER MEMBERSHIP DUES

Companies providing primarily wholesale services or products relating to the death care profession..... **\$450 per year**

INDIVIDUAL PROFESSIONAL DUES

A person who is licensed in the State of Florida under Chapter 497..... **\$150 per year**

INDIVIDUAL STUDENT DUES

Interns or students in an accredited mortuary school..... **\$25 per year**

OTHER INDIVIDUAL DUES

A person not qualifying under another membership category..... **\$150 per year**

CORPORATE MEMBERSHIP DUES

5-10 firms = \$5,000 per year	10-19 firms = \$10,000 per year	20-35 firms = \$17,500 per year
36-75 firms = \$37,500 per year	76 firms or more = \$50,000 per year	

FCCFA Chronicle Delivery

Please check how you prefer to receive your quarterly FCCFA magazine: Electronic Hard Copy/ Print

Payment Information

Check (Payable to FCCFA) Visa MasterCard American Express Total: \$ _____

Card Number: _____ Expiration Date: _____ Sec. Code: _____

(Security Code is last 3 digits printed in signature box. AMEX it is the 4 digit number on the front of the card.)

Cardholder's Name: _____ Signature: _____

Billing Address (including zip code) if different from above: _____

I understand that membership is subject to approval by the Executive Committee. It is understood and agreed that membership in FCCFA is conditioned upon adherence to the FCCFA Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by FCCFA including, but not limited to, suspension from membership.

Print Name: _____ Signature: _____ Date: _____