



1633 Normandy Ct., Ste A
 Lincoln, NE 68512
 Phone: (402) 423-8900
 Fax: (402) 476.6547
 Email: nefda@assocoffice.net
 Website: www.nefda.org

2010 NeFDA Associate Membership Form

Name of Person _____

We invite you to become an Associate member with the Nebraska Funeral Directors Association! Those eligible for NeFDA Associate Membership are any licensed person who is not actively engaged in funeral services. Active Funeral Directors are not entitled to an Associate Membership without their firm paying for a full membership. Please complete this membership form and return the completed form and your payment to NeFDA, 1633 Normandy Ct. Ste. A, Lincoln, NE 68512.

2010 Associate Membership Dues	\$60
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, 9.96% of NeFDA dues are spent in lobbying activities. This percentage of your NeFDA dues payment (9.96%) 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 2010. 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. 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!

(header with name)

2010 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.