



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

2010 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 Location: _____ 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: _____