



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 Student Membership Form

Name of Person

We invite you to become a Student member with the Nebraska Funeral Directors Association! Those eligible for NeFDA Student Membership is any student who is enrolled in a school of mortuary science that is accredited by the American Board of Funeral Service Education. Active Funeral Directors are not entitled to a Student 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 Student Membership Dues	\$0
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	= \$ _____

Student Members

A student who is enrolled in a school of mortuary science that is accredited by the American Board of Funeral Service Education may become a Student Member of the Association. The term of membership for a Student Member shall not exceed one year unless otherwise determined by the Board of Directors. Student Members do not possess the right to hold office nor vote, but shall be entitled to such benefits of membership as the Board of Directors determines

Membership Acknowledgement

All 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 Student Membership Form

Name:

Name of School:

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.