



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 Trade Service Membership Form

Name of Person

We invite you to become a Trade Service Member with the Nebraska Funeral Directors Association! Those eligible for NeFDA Trade Service Membership are crematories, trade services, first call services or embalming services that have a licensed funeral director who is in good standing in the State of Nebraska.

Please complete this membership form and return the completed form and your payment to NeFDA, 1633 Normandy Ct. Ste. A, Lincoln, NE 68512.

2010 Trade Service Membership Dues \$250

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 Trade Service membership in NeFDA for 2010. All Trade Service 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!

2010 NeFDA Trade Service 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.