



Establishment Membership

Application for calendar year 2018 – expires 12/31/2018



Establishment Members must maintain registration as a Funeral Establishment or Crematory with the Colorado Department of Regulatory Agencies.

Step 1. Primary Establishment Location

PLEASE PRINT LEGIBLY ALL INFORMATION BELOW

Primary Establishment Name

Street Address	City, State, Postal code
Mailing Address (if different from above)	City, State, Postal code
Office Phone	Fax
Funeral Home Email	Website

★ This establishment has # _____ branch locations. (Complete and return Page 3 with branch location details.)

Step 2. Communications Contacts

Contact Email cannot be a shared address; email must be unique for each person.

Primary Delegate (VOTING) ¹	Job Title	Contact Email
Alternate Delegate ²	Job Title	Contact Email
Employee Name ³	Job Title	Contact Email
Employee Name ⁴	Job Title	Contact Email
Employee Name ⁵	Job Title	Contact Email

Step 3. Calculate your 2018 Membership Dues

Establishment Member dues is determined by the total number of cases/death certificates filed in 2017 for the primary and all branch locations under the same ownership. *Do not include cases filed while acting as an agent on behalf of another funeral establishment. Caseload volumes reported by members for dues purposes are confidential and shall not be disclosed by NFDA/CFDA or unauthorized parties.*

✓ Membership Level	Column A CFDA Dues	Column B NFDA Base Fee	Column C Total Caseload ^{15/85}
<input type="checkbox"/> Tier 1 Up to 75 cases, all locations combined	\$150 annual dues	+ \$404 base fee	+ \$1 per case
<input type="checkbox"/> Tier 2 76-150 cases, all locations combined	\$300 annual dues	+ \$465 base fee	+ \$1 per case
<input type="checkbox"/> Tier 3 151-350 cases, all locations combined	\$500 annual dues	+ \$645 base fee	+ \$1 per case
<input type="checkbox"/> Tier 4 351-500 cases, all locations combined	\$800 annual dues	+ \$776 base fee	+ \$1 per case
<input type="checkbox"/> Tier 5 501-1,000 cases, all locations combined	\$1,200 annual dues	+ \$1,167 base fee	+ \$1 per case
<input type="checkbox"/> Tier 6 1,001+ cases, all locations combined	\$1,500 annual dues	+ \$1,456 base fee	+ \$1 per case

Step 4. Total Amount Due

Enter amounts based on Tier from Step 3 above

Column A. CFDA Annual Dues	\$
Column B. NFDA Base Fee	\$
Column C. Total Caseload for Calendar Year 2017 # _____ cases x \$1 each =	\$
TOTAL COMBINED MEMBERSHIP DUES Payable to "CFDA"	\$

Please attach Pages 1 and 2 plus Branch Location form (if applicable)

Colorado Funeral Directors Association, P.O. Box 631664, Highlands Ranch, CO 80163-1664

Page 2, 2018 Establishment Membership

Please print legibly all information below.



Step 5. Branch Locations (included in the price of membership)

Complete the Branch Locations form (page 3) to include additional locations with common ownership as the Primary Establishment noted above. *Cumulative case volume for primary and all branches must be calculated in 2018 Membership Dues on Page 1.*

Step 6. Method of Payment

- Check (U.S. dollars drawn on U.S. bank) Payable to "Colorado Funeral Directors Association" or "CFDA"
- Credit Card

Name on Credit Card (print)	Cardholder Signature
Card Number	Exp. Date
	Security code

This firm understands that by providing our mailing address, email address, telephone number and fax number, we consent to receive communications sent by or on behalf of the National Funeral Directors Association and/or the Colorado Funeral Directors Association. Please sign below if you do NOT wish to receive fax communications sent by or on behalf of NFDA and/or CFDA. Sign here ONLY if you wish to DECLINE communications by FAX _____ date_____

Step 7. Completion

It is understood and agreed that membership in the Colorado Funeral Directors Association is conditioned upon adherence to CFDA Bylaws and Code of Ethics and requires payment of dues for both CFDA and NFDA. Establishment Members must maintain registration as a Funeral Establishment or Crematory with the Colorado Department of Regulatory Agencies (DORA). It is understood and agreed that membership in NFDA is conditioned upon adherence to the NFDA Constitution, Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by NFDA including, but not limited to, expulsion from membership.

The Colorado Funeral Directors Association is a 501(c)6 organization, tax ID# 84-0454478. Generally, dues payments to CFDA and NFDA may be deductible as a business expense, but under no circumstances are they deductible as charitable contributions. According to the Budget Revenue Reconciliation Act of 1993 (the "Act"), dues revenues utilized by a professional trade association for lobbying purposes cannot be deducted by the member who paid the dues. In accordance with this Act, CFDA estimates that 20% of 2018 CFDA dues paid by a member will not be deductible as an ordinary business expense for federal tax purposes. Also in accordance with this Act, NFDA estimates that 10% of 2018 NFDA dues paid by a member are not deductible as ordinary business expense for tax purposes. *(This estimate is to be utilized by CFDA/NFDA members to determine what portion of dues is deductible. Please provide a copy of this notice to your accountant or tax preparer.)*

I/we agree to the conditions of membership, attest that the above information is true and accurate, and hereby apply for Membership in the Colorado Funeral Directors Association and the National Funeral Directors Association.



Print Name of Owner/Manager	Signature	Date
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Membership dues must be paid in full to CFDA no later than February 15, 2018.

Please attach Pages 1 & 2 along with Branch Location form, Page 3 (if applicable)

Return with payment to:

Colorado Funeral Directors Association
P.O. Box 631664, Highlands Ranch, CO 80163-1664

Page 3, 2018 Establishment Membership: Branch Locations



PLEASE PRINT LEGIBLY ALL INFORMATION BELOW.

Complete and attach this page with Pages 1 and 2 of your annual membership application form to include Branch Locations that are under common ownership/management with the primary Establishment Member. Cumulative case volume for primary and all branches must be included in dues (base fees and caseload).

Primary Establishment Location

PLEASE PRINT LEGIBLY OR TYPE INFORMATION BELOW

Primary Establishment Name

Street Address

City, State, Postal code

Contact Person

Job Title

Branch Locations

 List additional locations that are owned or affiliated with the Primary Establishment.

1 Branch Location Name

Cases in 2017

Street Address

City, State, Postal code

Mailing Address (if different from above)

City, State, Postal code

Main Phone

Fax

Location Manager

Contact Email (unique for voting)

2 Branch Location Name

Cases in 2017

Street Address

City, State, Postal code

Mailing Address (if different from above)

City, State, Postal code

Main Phone

Fax

Location Manager

Contact Email (unique for voting)

3 Branch Location Name

Cases in 2017

Street Address

City, State, Postal code

Mailing Address (if different from above)

City, State, Postal code

Main Phone

Fax

Location Manager

Contact Email (unique for voting)

DUPLICATE THIS FORM TO INCLUDE ADDITIONAL BRANCH LOCATIONS.

Please attach Pages 1 and 2. Return with payment to:

Colorado Funeral Directors Association, P.O. Box 631664, Highlands Ranch, CO 80163-1664