



# OHIO FUNERAL DIRECTORS ASSOCIATION

## FUNERAL HOME MEMBERSHIP APPLICATION

The funeral home(s) listed on the reverse side of this application is applying for Firm and/or Branch Membership in the Ohio Funeral Directors Association ("OFDA").

1. **Eligibility.** A funeral home that is duly licensed under the laws of the state of Ohio may apply for membership in OFDA as a firm member. An application will only be considered if it is filled out completely and lists the names of two Ohio funeral directors willing to submit letters of recommendation for the funeral home applicant. The application will be submitted to the OFDA Board of Directors together with a report of the Membership Committee and report from a District President in the district where the funeral home is located. An applicant must receive an affirmative vote of two-thirds of the members of the OFDA Board of Directors in order to be admitted into membership.

Funeral homes that are duly licensed under the laws of the State of Ohio and under common ownership with a firm member may apply as a Branch Member. The application process is the same as that with a firm member and also requires an affirmative two-thirds vote of the members of the Board of Directors to be admitted into membership.

2. **Application.** To complete the application, please fill in all of the information on the reverse side. If the funeral home is applying for firm membership, fill in only the top section. If the firm member applicant also has one or more branch funeral homes under common ownership, the application should list each of the Branch Member applicants. If more than one branch is being applied for, please make copies of the reverse side of this application and use them to list the information for each branch member applicant. Dues for balance of calendar year must accompany this application. Please call OFDA (800-589-6332) for pro-rated figure.

3. **Signature.** As a licensed Ohio funeral director representing the funeral home(s) applying for membership in the OFDA, the applicant agrees as a condition of membership that the applicant will abide by the OFDA Constitution, Bylaws, rules and regulations that have or may be adopted by OFDA. Our firm understands that providing our mailing address, e-mail address, telephone and fax numbers, we consent to receive communications sent by or on behalf of OFDA.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### PAYMENT INFORMATION

*Application must be signed and returned to the Ohio Funeral Directors Association TWO WEEKS prior to Board meeting.*

Credit Card # \_\_\_\_\_ AMX Discover M/C VISA

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ **OR CHECK NUMBER** \_\_\_\_\_

#### FOR OFDA USE ONLY

# \_\_\_\_\_

District President

OFDA Membership Chair

Received \_\_\_\_\_

Accepted \_\_\_\_\_

Welcome \_\_\_\_\_

Dues \_\_\_\_\_

Please submit completed application, along with payment to:  
**OFDA**  
**ATTN: MEMBERSHIP**  
**P. O. BOX 21760**  
**Columbus, OH 43221**

## Main Firm Section

Primary Contact \_\_\_\_\_ FD and/or Emb.# \_\_\_\_\_  
 Primary Contact E-mail \_\_\_\_\_ FH Website \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 County \_\_\_\_\_ OFDA District \_\_\_\_\_

Funeral Home Facility is (check one below):

Existing Funeral Home Bldg.  New Funeral Home Bldg.  Sharing Bldg. with Another Funeral Home

I wish to receive the quarterly *Buckeye Director* magazine (other funeral home staff may sign up at [ofdaonline.org](http://ofdaonline.org)):

Electronically  Hard Copy  Both Formats

Number of death certificates filed annually by all locations \_\_\_\_\_.

List two Ohio Funeral Directors willing recommend you for Membership:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Phone Number Name Phone Number

## Branch Firm Section (Please use copies of this page to apply for additional Branches)

Primary Contact \_\_\_\_\_ FD and/or Emb. # \_\_\_\_\_  
 Primary Contact E-mail \_\_\_\_\_ FH Website \_\_\_\_\_  
 Firm Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 County \_\_\_\_\_ OFDA District \_\_\_\_\_

Funeral Home Facility is (circle one below):

Existing Funeral Home Bldg.  New Funeral Home Bldg.  Sharing Bldg. with Another Funeral Home

I wish to receive the following OFDA electronic bulletins (others may sign up at [www.ofdaonline.org](http://www.ofdaonline.org)):

Members  Newsletter  Resource Center  Young Funeral Directors  Mortuary Response Team

List two Ohio Funeral Directors willing recommend you for Membership:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Name Phone Number Name Phone Number

## OFDA District Map

