



OHIO FUNERAL DIRECTORS ASSOCIATION

ALLIED MEMBERSHIP APPLICATION

1. ELIGIBILITY. The following individuals shall be eligible for Allied Membership in the Association:

- Employees and representatives of preneed insurance companies, livery companies or other suppliers to OFDA Firm Members
- Employees and representatives of licensed crematories that are not owned by a funeral home in the State of Ohio
- Educators in the mortuary or death care fields
- Individuals providing grief counseling and bereavement support services or who are active in those fields

The primary criteria for Allied Membership is evidence that the applicant supports members of the Ohio Funeral Directors Association. An applicant must receive an affirmative vote from the OFDA Executive Director and Secretary/Treasurer in order to be admitted into membership .

Allied Members under paragraph D of Article III of the OFDA Constitution do not possess the right to vote nor serve as a director or officer of the Association. Allied Members shall be entitled to receive those benefits which the Board of Directors makes available to Allied Members.

2. APPLICATION: To complete the application, please fill in all of the information on the reverse side. An application will only be considered if it is filled out completely and lists the names of two Ohio funeral directors willing to provide a recommendation for the applicant. Following OFDA staff processing, the application will be reviewed by the OFDA Executive Director and Secretary/Treasurer. Dues for balance of calendar year must accompany this application. Please call OFDA (614-486-5339) for pro-rated amount.


3. SIGNATURE. THE UNDERSIGNED 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.

Signature

Date

Contact OFDA for total dues investment amount at (614) 486-5339.

PAYMENT INFORMATION

Cardholder's name		
Billing address		
		
Card number	Security Code	Expiration date
Signature		Date
Amt. Due		
Check Number#		

Please submit completed application,
along with payment to:
OFDA
ATTN: Membership
2501 North Star Rd.
Columbus, OH 43221
Laura@ofdaonline.org
Fax: (614) 486 5358

FOR OFFICE USE ONLY

Date Received: _____

OFDA Staff: _____

ALLIED MEMBERSHIP APPLICATION

Name of Applicant		Date
Applicant's E-mail	Company Website	
Company Name		
Address, City, State, Zip County		
Phone	Fax	
Describe your affiliation to funeral firm members:		
What are your expectations and what do you hope to gain through an OFDA Allied Membership?		
Check which category your affiliation falls into:		
<input type="checkbox"/> Employee/Representative of preneed insurance company, livery company, or other supplier		
<input type="checkbox"/> Employee/Representative of licensed crematory in the State of Ohio		
<input type="checkbox"/> Educator in the mortuary or death care field		
<input type="checkbox"/> Grief counselor/bereavement support services		
List two Ohio funeral directors, excluding coworkers and family members, willing to recommend you for membership:		
Name	Phone	
Name	Phone	

