

Rochester Genesee Valley Funeral Director's Association Application for Membership

The undersigned hereby applies for membership and makes the following representation:

Name: _____

Mailing Address: _____

City/Town, State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ County: _____

Membership Category:

Voting ☐ Non-Voting Associate ☐ Non-Voting Affiliate ☐ Student ☐

For Voting Members and Non-Voting Associate Members:

Funeral Director's Registration Number _____

Funeral Director's License Number _____

Date Original License Issued _____

Dues are for the fiscal year May 1st to April 30th.

If accepted for membership, the undersigned will, in good faith, abide by the Association's *Constitution and By-Laws*, subscribe to the Association's *Code of Professional Conduct*, comply with the Association's *Anti-Discrimination and Anti-Harassment Policy*, work to advance the Association's *Aims and Purposes*, and be responsive to the acts of the Association and its Board of Directors.

Signature of Applicant

Recommended by:

Rochester Genesee Valley Funeral Director's Association Application for Membership

The undersigned hereby applies for membership and makes the following representation:

Name: _____

Mailing Address: _____

City/Town, State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail: _____ County: _____

Membership Category:

Voting ☐ Non-Voting Associate ☐ Non-Voting Affiliate ☐ Student ☐

For Voting Members and Non-Voting Associate Members:

Funeral Director's Registration Number _____

Funeral Director's License Number _____

Date Original License Issued _____

Dues are for the fiscal year May 1st to April 30th.

If accepted for membership, the undersigned will, in good faith, abide by the Association's *Constitution and By-Laws*, subscribe to the Association's *Code of Professional Conduct*, comply with the Association's *Anti-Discrimination and Anti-Harassment Policy*, work to advance the Association's *Aims and Purposes*, and be responsive to the acts of the Association and its Board of Directors.

Signature of Applicant

Recommended by:
