



Name		Date of Birth
Business Name		
Business Address		
Email		
Business Phone		Cell Phone
Home Address		
Number of years in business or in the employ of the above named business:		
Maine Funeral Service License Number		Licensed since:
Other State License Number and State	Licensed since:	
Mortuary School		
Academy of Professional Funeral Service (APFS) Id Number (if a member)		
Per MFDA Bylaws, Applicant must be referred for MFDA Membership by two MFDA Voting Members. Enter names & contact info below:		
Name/Business/Email/Phone		
Name/Business/Email/Phone		
I hereby make an application to become a professional member of the Maine Funeral Directors Association (MFDA) and pledge myself to conform to the constitution and by-laws of said association.		
Signature:		Date:

- MFDA Full Membership/Voting Dues / January 1, 2026– December 31, 2026 \_\_\_\_\_ \$525.00
- MFDA Associate Membership Dues / January 1, 2026– December 31, 2026 \_\_\_\_\_ \$325.00
- MFDA Privilege Membership / January 1, 2026 – December 31, 2026 \_\_\_\_\_ \$ 0
- \*MFDA Full Membership Bi-Annual Payment /Voting Dues / January 1, 2026 – June 30, 2026 \_\_\_\_\_ \$262.50  
July 1, 2026 – December 31, 2026 \_\_\_\_\_ \$262.50

\*Full Membership Bi-Annual Payment – Signature below authorizes MFDA to charge credit \$262.50 upon receipt of application and \$262.50 on July 1.

**RETURN FORM & PAYMENT TO MFDA PO BOX 926, GARDINER, ME 04345 or email [info@mainefuneraldirectors.org](mailto:info@mainefuneraldirectors.org)  
Checks can be made payable to the Maine Funeral Directors Association. Credit Card Payments - Enter Info Below:**

Card Number		Exp Date:		CVV Code:	
Name/Address on Card if different than above					
Authorization to Charge Card:				Date:	

For Office Use: The Board of Directors of the MFDA, having made due investigation in regard to the above applicant, do recommend this applicant for membership.	
Authorized by: _____	Date: _____