



National Funeral Directors & Morticians Association, Inc.

STATE PRESIDENT'S REPORT

STATE NAME: _____

DATE: _____

STATE OFFICERS

PRESIDENT: _____

SECRETARY: _____

Date elected to office: _____

Date elected to office: _____

Total number of paid members in your state: _____

Number of new members: _____ Renewing members: _____ Students: _____ Apprentices _____

STATE CONVENTION

Did you have a state convention this year? Yes _____ No _____

If yes, where? _____ Dates: _____

If no, why not? _____

Did you offer CEU's? Yes _____ No _____ If yes, how many hours? _____ Total Attendees _____

No. of Members _____ Guests _____ Vendors _____ Apprentices _____ Students _____

What National Meetings/Conventions did you attend this year?

House of Rep. National Convention Board of Dir./Admin. & Finance Advocacy Summit

How often did you communicate with the National Office to obtain information important to your state?

Monthly Quarterly Semi-Annually Annually

OTHER STATE MEETINGS/EVENTS HELD

Name of Event	Date of Event	Location of Event	Contact Name

Number of Members Funerals Held: _____ Number of High Profile Funeral Held: _____

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____



National Funeral Directors & Morticians Association, Inc.

STATE PRESIDENT'S REPORT CONTINUED

STATE NAME: _____

DATE: _____

PRESIDENT: _____

SECRETARY: _____

What forms of communication do you use for your membership? (Check all that apply)

Phone _____ Letter _____ Newsletter _____ Email _____ Website _____ Facebook _____

Does your state have a website? Yes _____ No _____ If Yes, is it kept up to date? Yes _____ No _____

Please provide Web Address _____

LIST GOALS FOR YOUR STATE:

WHAT ARE YOUR PLANS FOR EXECUTION OF GOALS:

PROVIDE SUMMARY OF MEMBER RECRUITMENT EFFORTS:

Name of Membership Chair: _____

LIST ANY CONCERNS OR ISSUES WITHIN YOUR STATE:

President _____

Secretary _____

Please complete and email these forms to the National office.



National Funeral Directors & Morticians Association, Inc.

STATE PRESIDENT'S REPORT STATE OFFICERS

STATE NAME: _____

OFFICERS FOR THE YEAR: 20____

STATE PRESIDENT		
Name:		
Address:	City	State/Zip:
Phone:	Fax	Email:
Firm Name		Web Address
Firm Name:		
Address:	City	State/Zip:
Phone:	Fax	Email:

STATE SECRETARY		
Name:		
Address:	City	State/Zip:
Phone:	Fax	Email:
Firm Name		Web Address
Firm Name:		
Address:	City	State/Zip:
Phone:	Fax	Email:

STATE TREASURER		
Name:		
Address:	City	State/Zip:
Phone:	Fax	Email:
Firm Name		Web Address
Firm Name:		
Address:	City	State/Zip:
Phone:	Fax	Email:

NOTES



National Funeral Directors & Morticians Association, Inc.

STATE PRESIDENT'S REPORT STATE DELEGATES

STATE NAME: _____

DATE: _____

PRESIDENT: _____

SECRETARY: _____

PLEASE LIST NAMES OF THE FOLLOWING

VOTING DELEGATES

(ONE (1) VOTING DELEGATE PER 25 MEMBERS)

1
2
3
4
5
6

ALTERNATE VOTING DELEGATES

1
2
3
4
5
6

LIFE MEMBERS

(BOARD APPROVED)

1
2
3
4
5
6

PAST NATIONAL PRESIDENTS

1
2
3
4
5
6

STUDENTS

1
2
3
4
5
6

APPRENTICE

1
2
3
4
5
6



National Funeral Directors & Morticians Association, Inc.

STATE PRESIDENT'S REPORT NEW/NON-RENEWING MEMBERS

STATE NAME: _____

DATE: _____

PRESIDENT: _____

SECRETARY: _____

PLEASE LIST NAMES OF THE FOLLOWING

NEW MEMBERS (INCLUDING THOSE NOT ACTIVE WITH THE NATIONAL IN THE PAST 2 YEARS) <i>SUPPORTING DOCUMENTATION REQUIRED:</i> • FOR A STUDENT- ACCEPTANCE LETTER OR STUDENT ID • FOR AN APPRENTICE- STATE ISSUED CARD • FOR LICENSED- STATE ISSUED CARD	NON-RENEWING MEMBERS
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15

NOTES

If this is a New Member, please remember to submit all supporting documentation with this form.



National Funeral Directors & Morticians Association, Inc.

STATE PRESIDENT'S REPORT ACTIVE MEMBERS

STATE NAME: _____

YEAR 20____

PAGE ____ OF ____

PLEASE LIST ALL MEMBERS

Name:		
Address:	City:	State/Zip:
Phone:	Fax:	Email:
Firm Name:	Web:	
Address:	City:	State/Zip:
Phone:	Fax:	Email:
License Number:	Embalmers Number:	
Apprentice Number:	School (Student):	

Name:		
Address:	City:	State/Zip:
Phone:	Fax:	Email:
Firm Name:	Web:	
Address:	City:	State/Zip:
Phone:	Fax:	Email:
License Number:	Embalmers Number:	
Apprentice Number:	School (Student):	

Name:		
Address:	City:	State/Zip:
Phone:	Fax:	Email:
Firm Name:	Web:	
Address:	City:	State/Zip:
Phone:	Fax:	Email:
License Number:	Embalmers Number:	
Apprentice Number:	School (Student):	

Name:		
Address:	City:	State/Zip:
Phone:	Fax:	Email:
Firm Name:	Web:	
Address:	City:	State/Zip:
Phone:	Fax:	Email:
License Number:	Embalmers Number:	
Apprentice Number:	School (Student):	

Name:		
Address:	City:	State/Zip:
Phone:	Fax:	Email:
Firm Name:	Web:	
Address:	City:	State/Zip:
Phone:	Fax:	Email:
License Number:	Embalmers Number:	
Apprentice Number:	School (Student):	

NATIONAL FUNERAL DIRECTORS & MORTICIANS ASSOCIATION, INC.

Annual Report Year: 20_____

(DUES ARE REPORTED JUNE 30TH – SEPTEMBER 1ST)

State Association Name: _____

State President: _____

State Secretary: _____

State Association Mailing Address: _____

City _____ State _____ Zip code _____

Association Telephone: _____ Fax: _____ Email _____

THIS REPORT INCLUDES:

FIND HEREWITH: \$_____ WHICH PAYS FOR YEAR 20_____ AS RECORDED ABOVE TO INCLUDE
(Please check all that apply):

- ☐ Membership Dues (YEAR 20_____)
- ☐ \$200.00 ANNUAL FEE FOR THE STATE ASSOCIATION
- ☐ \$100.00 LATE FEE (late if postmarked after September 1st)

THIS REPORT CONTAINS A TOTAL NUMBER OF:

_____ MEMBER(S) at \$400 per member (including Life-members)

_____ STUDENTS AT \$25

_____ STUDENTS at \$Comp (first year membership only)

_____ APPRENTICE AT \$75

_____ APPRENTICE AT \$Comp (first year membership only)

Total Members This Report: _____

We hereby certify as to the accuracy of the information herein for use by the Executive Director and other members of the Association regarding Association business and affairs.

State President - Signature _____

State Secretary - Signature _____

Make Checks Payable to NFD&MA, Inc.

Mail: 6290 Shannon Parkway, Union City, Georgia 30291