



# 2026 Membership Dues Application

Utah Funeral Directors Association  
P.O. Box 95576  
South Jordan, UT 84095-0576  
801-263-3286  
ufda.org@gmail.com

Office Use Only		
Master List	<input type="checkbox"/>	Certificate
Website	<input type="checkbox"/>	NFDA Form
Emails	<input type="checkbox"/>	NFDA Pd

Membership Period Jan 1-Dec 31, 2026. Music License Fees will be collected separately through NFDA

## Step 1

**FUNERAL HOME (Main Location):**

**Mailing Address:**

**City/State/Zip:**

**Phone:**

**Fax:**

**E-mail:**

**Website Address:**

## Step 2 — 2026 Membership Dues (Based on 2025 caseload\* for all locations)

TIER	CASELOAD*	BASE FEE (UFDA + NFDA = Total)
1 .....	(0-75)	\$612 + \$533 = \$1,145
2 .....	(76-150)	\$707 + \$613 = \$1,320
3 .....	(151-350)	\$984 + \$951 = \$1,935
4 .....	(351-500)	\$1,189 + \$1,146 = \$2,335
5 .....	(501-1,000)	\$1,757 + \$1,723 = \$3,480
6 .....	(1001+)	\$2,366 + \$2,149 = \$4,515

### Calculate Dues

**Dues Deadline — January 31**  
(NFDA's per DC Caseload Fee)

A. Enter Total Base Fee from Above \_\_\_\_\_

B. Enter Caseload\* for 2025 \_\_\_\_\_ X \$1.10 per DC = + \_\_\_\_\_

C. Late Charge (after January 31) 5% of Base Fee Total = + \_\_\_\_\_

D. Total (Add Lines A-C) \$ \_\_\_\_\_

### Other Memberships

(UFDA + NFDA)

Individual \$475 + \$400 = \$875 \_\_\_\_\_

Out of State NFDA Firm — UFDA Cost \$612 + 0 = \$612 \_\_\_\_\_

Retired Licensee \$90 + \$65 = \$155 \_\_\_\_\_

Enrolled MS Student with digital Director \$0 (\$35 if want Director mailed) \_\_\_\_\_

**\*Definition of Caseload** — "A firm's caseload is the total number of families served or death certificates filed for the calendar year per state, minus those served or filed while you're acting as an agent on behalf of another licensed funeral service practitioner. Caseload volumes reported by members for dues purposes are confidential and shall not be disclosed by UFDA/NFDA to unauthorized third parties."



**Membership Conditions:** It is understood and agreed that membership in UFDA/NFDA is conditioned upon adherence to the UFDA/NFDA Constitution, Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by UFDA/NFDA including, but not limited to, expulsion from membership.

**Communications:** We understand that by providing our mailing address, email address and telephone number, we consent to receive communications sent by or on behalf of the National Funeral Directors Association and the Utah Funeral Directors Association. Please check if you **DO NOT** wish to receive communications sent by or on behalf of the National Funeral Directors Association and Utah Funeral Directors Association via:  
email \_\_\_\_\_ Text \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice Regarding Tax Deductibility of UFDA/NFDA Dues:** Generally, funeral homes that pay UFDA/NFDA dues were able to deduct 100% of those dues as ordinary business expenses for federal tax purposes. However, due to the enacted Budget Reconciliation Act of 1993 (the "Act"), any dues revenues utilized by a professional trade association for lobbying purposes cannot be deducted by the member who paid dues. In accordance with the Act, the UFDA/NFDA is hereby notifying its membership that it estimates that **9%** of the 2026 UFDA/NFDA dues paid by a member will **NOT** be deductible as ordinary business expense for federal tax purposes. This estimate is to be utilized by UFDA/NFDA members in determining what portion of their UFDA/NFDA dues is deductible. Please provide a copy of this notice to your accountant and/or tax preparer.

### Step 3 — MAIN Location

NAME OF PRIMARY CONTACT		
License #:		
Location Address:		
City/State/Zip:		
Location Mailing Address (if different):		
City/State/Zip:		
Cell Phone:		
Personal E-mail Address:		
<input type="checkbox"/> Individual Director Subscription (Check if yes)		

**Please double-check all information  
and fill in or make corrections as necessary.**

Include all employed funeral directors at each location. Each branch location is listed separately. Add any others that should be included. Use additional sheets as necessary.

**It is important to list a unique email address and cell # for each funeral director, so they:**

- are able to receive communication from us and fully benefit from their membership, and
- so they can participate in NFDA voting.

**Please add any new employees and cross off names  
of those who've transferred to a different place of employment — please list firm (if known).**

### Step 3 — MAIN Location Employees

Funeral Director Name	License #	Personal Email Address	Check if Non-Funeral Director	Check for Individual "Director" Subscription	Cell Phone Number**
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			

**\*\*It is important to list a unique email address and cell # for each funeral director, so they:**

- are able to receive communication from us and fully benefit from their membership, and can participate in NFDA voting.

Step 4 — BRANCH 1 Location —

NAME OF PRIMARY CONTACT		
License #:		<input type="checkbox"/> Individual Director Subscription (Check if yes)
Location Address:		
City/State/Zip:		
Branch Phone #:		
Personal Cell #:		
Personal E-mail Address:		

Step 4 — BRANCH 1 Location Employees

Funeral Director Name	License #	Personal Email Address	Check if NON-Funeral Director	Check for Individual “Director” Subscription	Cell Phone Number
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			

Step 5 — BRANCH 2 Location —

NAME OF PRIMARY CONTACT		
License #:		<input type="checkbox"/> Individual Director Subscription (Check if yes)
Location Address:		
City/State/Zip:		
Branch Phone #:		
Personal Cell #:		
Personal E-mail Address:		

Step 5 — BRANCH 2 Location Employees

Funeral Director Name	License #	Personal Email Address	Check if NON-Funeral Director	Check for Individual “Director” Subscription	Cell Phone #
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			

Step 6 — BRANCH 3 Location —

NAME OF PRIMARY CONTACT		
License #:		<input type="checkbox"/> Individual Director Subscription (Check if yes)
Location Address:		
City/State/Zip:		
Branch Phone #:		
Personal Cell #:		
Personal E-mail Address:		

Step 6 — BRANCH 3 Location Employees

Funeral Director Name	License #	Personal Email Address	Check if NON-Funeral Director	Check for Individual “Director” Subscription	Cell Phone Number
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			

Step 7 — BRANCH 4 Location —

NAME OF PRIMARY CONTACT		
License #:		<input type="checkbox"/> Individual Director Subscription (Check if yes)
Location Address:		
City/State/Zip:		
Branch Phone #:		
Personal Cell #:		
Personal E-mail Address:		

Step 7 — BRANCH 4 Location Employees

Funeral Director Name	License #	Personal Email Address	Check if NON-Funeral Director	Check for Individual “Director” Subscription	Cell Phone Number
		Home address for Director subscription (Optional):			
		Home address for Director subscription (Optional):			