



APPLICATION FOR MEMBERSHIP

-XI CHAPTER-

**EPSILON NU DELTA MORTUARY
FRATERNITY, INC.**

North Carolina

NAME _____

ADDRESS _____

Mailing (If different)

City / State

Zip Code

Telephone

Fax Number

Email Address

TYPE OF NC LICENSE HELD: (Check one)

Funeral Service _____

License# _____

Funeral Director _____

License# _____

Embalmer _____

License# _____

Shirt Size (_____ 3XL or 2XL, _____ XL, _____ L, _____ M, _____ S

ARE YOU TRANSFERRING MEMBERSHIP FROM ANOTHER CHAPTER OF E.N.D.? _____ Y _____ N
IF SO, WHAT CHAPTER WERE PREVIOUSLY AFFILIATED? _____

ARE YOU CURRENTLY AFFILIATED WITH A FUNERAL HOME: YES _____ NO _____

IF SO, PLEASE **PRINT** NAME OF FIRM, ADDRESS AND PHONE NUMBER

New Member Initiation Fee: \$150 (\$100 Induction Fee + \$50 Dues)

Due at the Induction Ceremony

Member Reinstatement Fee: \$200

(Transferring members are required to pay current year's dues of \$50.00)

Make check payable to
**Epsilon Nu Delta Mortuary
Fraternity, Inc.**
Remitter Line: Xi Chapter

Signature _____ Dated _____