



FIRM MEMBERSHIP APPLICATION / RENEWAL FORM 2026 CALENDAR YEAR

**This form must be fully completed and returned to the GFDA office. Incomplete forms will not be processed.
Clearly print or type all information as it should appear in our membership list and online directory.**

The Association is happy to accept a single payment for multiple locations; however, all locations must have a unique FDIFCC and physical address to be compliant.

One (1) fully completed form per Firm Member location

FUNERAL HOME NAME _____

FUNERAL DIRECTOR/FULL & CONTINUOUS CHARGE AT THIS LOCATION

Main Contact / Owner (if different than above) _____

**Additional Funeral Directors at your firm to be included in membership (no additional dues).
Please feel free to use 2nd sheet as needed.**

Name 1 _____ **Name 2** _____

Name 3 _____ **Name 4** _____

MAILING ADDRESS _____

CITY, STATE _____ **COUNTY** _____ **ZIP** _____

PHYSICAL STREET ADDRESS _____

CITY, STATE _____ **COUNTY** _____ **ZIP** _____

PHONE # () _____ **FAX #** () _____

Funeral Home E-mail _____

Funeral Home Website _____

***Note: Firm members are funeral homes holding a current license from a state licensing agency.
I hereby subscribe to the By-laws of GFDA.***

SIGNATURE _____ **DATE** _____

Firm Member Authorized Signature

TWO PAGE DOCUMENT (BOTH SIDES MUST BE FULLY COMPLETED)

MEMBER EMAIL ADDRESSES FOR GFDA COMMUNICATION

The Funeral Home email address given above will be included publicly on the website in our online directory. On the next page, you may list any additional names and email addresses – **which will not be published** – for members who would like to receive GFDA Alerts and Bereavement Notices. Please feel free to include extras on an additional sheet.

Name	Email address

One (1) fully completed form per Firm Member location

Check the appropriate dues category below and indicate if you are paying by check or credit card. Dues are based on the total numbers of families served for cremation and traditional burials per year.

DUES

- A. ____ 50 total # of families served for cremation and traditional burials per year \$ 265.00
- B. ____ 51-100 total # of families served for cremation and traditional burials per year \$ 410.00
- C. ____ 101-150 total # of families served for cremation and traditional burials per year \$ 535.00
- D. ____ 151-200 total # of families served for cremation and traditional burials per year \$ 690.00
- E. ____ 201-299 total # of families served for cremation and traditional burials per year \$ 975.00
- F. ____ 300-499 total # of families served for cremation and traditional burials per year \$1345.00
- G. ____ 500 or more total families served for cremation and traditional burials per year \$1570.00

Instructions for Your Payment (mark your selection)

____ Pay by Credit Card: Return this fully completed form via email to staff@gfda.org or fax to 770-592-3686
An invoice will be sent to you via email after your form is received and processed. You can pay directly from the invoice.
Alternate email address for this invoice: _____

____ Pay by Check: Return this completed form and your check to P.O. Box 1865, Roswell, GA 30077
Checks should be made payable to GFDA or Georgia Funeral Directors Association
Due to postal service issues, send a copy of your form via email to staff@gfda.org or fax to 770-592-3686

For assistance contact the GFDA office: Phone 770-592-8002 / Email staff@gfda.org