AFFILIATE MEMBERSHIP APPLICATION / RENEWAL FORM 2027 CALENDAR YEAR

AFFILIATE MEMBER: Any funeral supply salesperson, manufacturer's representative, or allied industry representative cooperating with the funeral service profession in Georgia shall be eligible for *Affiliate Membership* in this Association. *Affiliate Members* shall not be entitled to vote or hold office, but may speak on the floor of the Annual Conference.

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.

One (1) fully completed form per Affiliate Member

AFFILIATE MEMBER NAME _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY/STATE _____ **COUNTY** _____ **ZIP** _____

PHYSICAL ADDRESS _____

CITY/STATE _____ **COUNTY** _____ **ZIP** _____

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

WEBSITE _____

E-MAIL ADDRESS _____

TO THE MEMBERS AND THE EXECUTIVE COMMITTEE:

Being desirous of active participation in the advancement of the funeral profession and with full recognition of the importance of the Association to the profession, to my colleagues, and to me, I hereby make application for Affiliate Membership in GFDA.

I further agree that if I am accepted as a member of this Association, I will abide by the Charter, the Constitution, and Bylaws as they are now or may hereafter be amended, that I will support its objectives and interests and will pay the dues, as established, for the category of membership for which I am accepted. I herewith enclose my check or will pay by credit card in the amount of $125.00 for the calendar year 2027 as my dues for the advancement of funeral service and the Association.

SIGNATURE _____ DATE _____

Affiliate Membership $125.00

5% Discount: $118.75 - Ends November 30, 2026

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