RETIRED MEMBERSHIP APPLICATION / RENEWAL FORM 2027 CALENDAR YEAR
STUDENT MEMBERSHIP APPLICATION / RENEWAL FORM 2027 CALENDAR YEAR
CONFIRM INFORMATION FORM FOR HONORARY MEMBERS

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.

Retired Members: Any Affiliate or Associate Member who has retired from active employment shall be eligible for Retired Membership in this Association. Retired Members shall not be entitled to vote or hold office, but may speak on the floor of the Annual Conference.

Student Members: Any mortuary school student or apprentice registered with the State of Georgia shall be eligible for Student Membership in this Association. Student Members shall not be entitled to vote or hold office, but may speak on the floor of the Annual Conference. Student Member privileges shall terminate upon such student's completion of the requisite education program or period of apprenticeship.

I AM: _____New Retired Member _____New Student Member _____Updating My Contact Information

NAME _____

MAILING ADDRESS _____

PHYSICAL STREET ADDRESS _____

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

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

E-MAIL ADDRESS _____

Complimentary student membership during mortuary school or apprenticeship (no dues).
Lifetime complimentary membership for retired professionals (no dues).

This form must be completed in full and returned to the GFDA office.
(USPS: P.O. Box 1865, Roswell, GA 30077 / Email staff@gfda.org / Fax 770-592-3686)

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 Retired/Student Membership in GFDA.

I further agree that if I am accepted as a Retired/Student member of this Association, I will abide by the Charter, the Constitution, and Bylaws as they are now or may hereafter be amended, and that I will support its objectives and interests. I also agree to renew this Retired/Student Membership annually with current information and that I will notify GFDA at the completion of my mortuary education or apprenticeship which ends my eligibility for Retired/Student Membership status.

SIGNATURE _____ DATE _____

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