



**Connecticut Funeral  
Directors Association**

# Connecticut Funeral Directors Association, Inc.

## 2021 CFDA Dues Statement • Choice State

*Please call CFDA with any questions regarding this application - (860) 721-0234*

\_\_\_\_\_  
Name of CFDA Firm

\_\_\_\_\_  
Principle Voting Member for CFDA Purposes, indicate if CFSP, CPC, CCO, CCSP

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
Zip Code

( )  
Phone Number

( )  
Fax Number

\_\_\_\_\_  
Business E-Mail Address

\_\_\_\_\_  
Business Website

<b>MANDATORY CFDA Base Fee</b> .....	\$ <u>400.00</u>
<b>CFDA CASELOAD</b> (\$4.25 per 2020 death certificates filed under the funeral home name & branches) _____ Certificates x \$4.25 = .....	+ _____
Associate Licensee Member Only \$400.00 .....	_____
(Not currently employed in a funeral home. No Vote)	
Supplier/Mailing Members (No Vote) \$400.00 .....	_____
<b>Total CFDA Dues</b> \$	_____

<b>AFFILIATE MEMBERSHIP</b>	
Retired Licensee Member (not affiliated with a dues-paying firm) .....	\$200.00 _____
Apprentice Member (not affiliated with a dues-paying firm) . . . . .	\$150.00 _____
Student Member .....	\$100.00 _____
<b>Total Dues this Section</b> \$	_____

**To pay by MasterCard, Visa or Amex please provide the following information via Fax (860) 257-3617 or email: john@connfda.com      Indicate  MC  Visa  Amex**

Card Holder \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CID Number \_\_\_\_\_

**CFDA Member Benefit:** Pay your Music License **through NFDA** when you receive your bill OR contact Member Services at NFDA at 1(800)228-6332. **Music License for 2021 will be \$261 per location. Webcasting License for 2021 will be \$50 per website.**

• Application continues on back.

• Please make a copy of both sides of your application for your records.

**List All Members (including Voting Member) to be Included in CFDA Membership Directory**

*Please include CFSP, CPC, CCO & CCSP designations if applicable. Please provide any additional member or branch information on separate sheet. Complete this form in the way you want it to appear in the CFDA membership directory.*

**Voting Member** \_\_\_\_\_ **License #** \_\_\_\_\_

Individual Business Email \_\_\_\_\_

**Name** \_\_\_\_\_ **License #** \_\_\_\_\_

Indicate here if student, apprentice or retiree

Individual Business Email \_\_\_\_\_

**Name** \_\_\_\_\_ **License #** \_\_\_\_\_

Indicate here if student, apprentice or retiree

Individual Business Email \_\_\_\_\_

**Name** \_\_\_\_\_ **License #** \_\_\_\_\_

Indicate here if student, apprentice or retiree

Individual Business Email \_\_\_\_\_

**BRANCH ESTABLISHMENT:** CFDA By-Laws require inclusion of caseload of all branches in member firm.

Firm \_\_\_\_\_ Branch Funeral Director \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Branch Email \_\_\_\_\_

**BRANCH ESTABLISHMENT:** CFDA By-Laws require inclusion of caseload of all branches in member firm.

Firm \_\_\_\_\_ Branch Funeral Director \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Branch Email \_\_\_\_\_

Enclosed is my contribution (personal check only) payable to  
"CFD - PAC" (Political Action Committee) in the amount of ..... \$ \_\_\_\_\_

Does your firm participate in an Annual OSHA Compliance Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Our firm understands that by providing your mailing address, email address, telephone number and fax number, you consent to receive communications sent by or on behalf of the Connecticut Funeral Directors Association (CFDA).

**Signature of Voting Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Period covered by payment of dues: January 1, 2021 to December 31, 2021  
All information will be kept in strict confidence by the officers and administrative staff of CFDA.  
Please return this statement with credit card payment or check made payable to CFDA, and mail to:  
CFDA, 364 Silas Deane Hwy, Wethersfield, CT 06109

• Please make a copy of your application for your records.