



APPLICATION FOR MEMBERSHIP

Po Box 916404

Longwood, FL 32791-6404

www.100blackwomenoffuneralservice.com

Name:

Address:

City/State/Zip Code:

Business Affiliation:

Business Mailing Address:

Business City/State/Zip Code:

Cell Phone:

Business:

Fax:

Renewal Professional Membership - \$130.00	
New Professional Membership - \$145.00	
Intern Membership - \$30.00	Student Membership - \$20.00
Corporate Membership 1-4 Members from the Same Firm - \$295.00	
Mortuary Science Institution or College Program - \$250.00	

Please Attach a **Resume** and a **Professional Photo** – Include **Affiliations, Designations, Work History**

Please enclose check for the appropriate Membership Category you Qualify For an Initial Each of the Following requirement Statements:

I pledge to uphold the High standards of the Mortuary Profession. _____

I pledge to encourage New Memberships and Promote Mentoring. _____

I have enclosed a current professional photograph and all required documents and check for membership. _____

Signature _____ **Date** _____

“Welcome to the Premier Organization for Women in the Funeral Profession”