



# Funeral Directors Services Association of Greater Chicago

140 North Bloomingdale Road  
Bloomingdale, IL 60108-1017

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## APPLICATION FOR MEMBERSHIP – REGULAR-AFFILIATE-ASSOCIATE-PAST MEMBER-HONORARY

### 1. Provide Professional Data

Legal Business Name: \_\_\_\_\_

Primary Business Address: \_\_\_\_\_

Business City, State & Zip Code: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

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

Alternative Number: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

Ship To Address: \_\_\_\_\_

Is Business an IBW Local Union 727 Member? Yes/No

Number of Years as a Union Member: \_\_\_\_\_

Type of Ownership of Business: Corporate/Partnership/ Individual

Estimated Calls - Annually: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Business Description:

Primary Contact \_\_\_\_\_ Owner \_\_\_\_\_ Manager

Is Primary Contact a Licensed Funeral Director? Yes/No

State of IL Funeral Director License Number & Year of Issue: \_\_\_\_\_

Do You Hold an IL Funeral or Burial Funds Act License? Yes/No Date of Issue: \_\_\_\_\_

Do You Hold an IL Pre-Need Cemetery Sales Act License? Yes/No Date of Issue: \_\_\_\_\_

Do You Hold an IL Cemetery Care Act License? Yes/ No Date of Issue: \_\_\_\_\_

List Any Additional Certification(s) & Year(s) of Issue: \_\_\_\_\_

Primary Contact's Full Name: \_\_\_\_\_

Primary Contact's Address: \_\_\_\_\_

Primary Contact's Phone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

Primary Contact's E-mail: \_\_\_\_\_

Secondary Contact's Full Name: \_\_\_\_\_

Secondary Contact's Address: \_\_\_\_\_

Secondary Contact's Phone Number: \_\_\_\_\_ Alternative Number: \_\_\_\_\_

List All Branch Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please List Any Other Branches Not Listed Above on a Separate Sheet & Attach to This Application.)

We are Members of Other Organizations, Including:

How Many Years of Membership?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICATION FOR MEMBERSHIP

2. Select Membership Type

- Regular UNION Member** **Regular** Member Dues = **\$1020 Annually**  
(Full membership privileges for *Funeral Directors and Embalmers.*)
- Affiliate "NON UNION" Member** **Affiliate** Member Dues = **\$900.00**  
(Full membership privileges for *Funeral Directors and Embalmers.*)
- Branch Member** **Branch** Member Dues for ***Each*** Location= **\$300 Annually**  
(Full membership privileges for *Member Branch Locations.*)
- Corporate Member** **Corporate** Member Dues = **Contact the office**  
(Defined membership privileges for *Corporations* that have no less than *10 branches at different locations.*)
- Associate Member** **Associate** Member Dues = **\$300.00 Annually**  
(Defined membership privileges for *Suppliers of Funeral Products/Services.*)
- Past Member** **Past** Member Dues = **Contact the office**  
(Defined membership privileges for *Retired FDSA Members.*)
- Exemplary Service/ Honorary Member** **Exemplary Service** Member Dues = **Free**  
(By Referral ONLY; Only FDSA members *in good standing* are authorized to refer *Regular or Former members* previously honored with FDSA Exemplary Service. Member is accorded **Defined** membership privileges.)

3. Provide Payment Data

Check                       Cash                      Total Amount: \_\_\_\_\_

Additional Voluntary Contribution(s): \_\_\_\_\_  
 Additional Voluntary Donation(s): \_\_\_\_\_  
 (Please note that **voluntary contributions** payable to FDSA may be tax-deductible. Check with your tax accountant. )

4. Read and Sign

**(COPIES OF YOUR CURRENT LICENSE(S), WITH EXPIRATION DATE(S), MUST ACCOMPANY YOUR COMPLETED FDSA APPLICATION.)**

- I understand all information provided is confidential. By signing this form, I apply for membership in the Funeral Directors Services Association of Greater Chicago. If elected to membership, I agree to abide and be bound by all the rules, regulations and policies contained in the Association's By-laws. I understand the annual dues payment entitles me to benefits of specific membership outlined in the By-laws of the FDSA.
- I understand and authorize the FDSA to record and use my image or likeness in any FDSA multi media material or any other medium and to use, modify, distribute and publicly exhibit such recordings, in whole or in part, without restrictions or limitations for any purpose that the FDSA deems appropriate. I further consent to the use of my name, voice and biographical material in connection with such recordings and waive my right to inspect or approve the finished recordings.
- FDSA is a 501(c)(6) non profit trade association; therefore, **membership dues** are **not** tax-deductible. Dues may be tax deductible as an ordinary business expense. Check with your tax accountant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail your completed application and payment to:*

**FDSA of GREATER CHICAGO  
 140 North Bloomingdale Road  
 Bloomingdale, IL 60108-1017**