2024 NON-FIRM APPLICATION

Montana Funeral Directors Association PO Box 1003 **Dillon MT 59725**

Dues good through 12/31/24

Email address for receipt-

If you have any questions, please email info@montanafda.org

	(Please check one)	
INDIVIDUAL MEMBER NAME:	Individual License: MFDA Dues	\$225.00
(Non-Transferable)	Retired Licensee: MFDA Dues	\$ 34.00
License # (include state (s)):	Apprentice/Intern: MFDA Dues	\$ 23.00
(If Licensed f/d)	☐ Mortuary Science Student: MFDA Dues \$	\$ 13.00
INDIVIDUAL MEMBERSHIP	☐ Lifetime Member: MFDA Dues \$	\$ 448.00
"It is understood and agreed that membership in MFDA is conditioned upon adherence to the MFDA Constitution, Bylaws and Code of Professional Con-	(must be over 65)	
duct, where applicable. Violations of any of these may result in disciplinary		
membership."	Total 2024 Dues	\$
Check the box for your preferred mailing address:	To pay by check, mail to MFDA	
☐ Funeral Home	PO Box 1003	
Funeral Home Name:	Dillon, MT 59725	
Mailing address:	(For Mortuary Science Students only)	
City/State/Zip:		
Street Address:	School Name.	
City/State/Zip:		
Telephone:		
Fax:	instructor's Signature.	
Personal E-mail:	(II	isir tieter 's signature.)
Website:	Notice Regarding Tax Deductibility of MFDA Dues:	
Personal Mailing Address:	Generally, funeral homes that pay MFDA dues are able to deduct 100% of those dues as ordinary business expenses	
	for federal tax purposes. However, due to the enacted	
	Budget Reconciliation Act of 1993 ("the Act") dues revenues	
Mailing Address:	utilized by a professional trade association for lobbying purposes cannot be deducted by the member who paid	
City/State/Zip:		, paia
Telephone:	estimates that 36.5% of 2024 MFDA dues naid by a member are	
Fax:		
Personal E-mail:	to be utilized by MFDA members in determining	
I understand that by providing my mailing address, email address,	what portion of their MFDA dues is deductible. Please provide a copy of this notice to your accountant and/or tax	
telephone number and fax number, I consent to receive		
communications sent by or on behalf of the MFDA.	preparer.	
Membership Dues are due by January 30, 2024	Would you be interested in providing coverage for firms if needed for vacation or emergency relief? (Check if yes)	
Credit card Payment	☐ Would you like it published in the MFDA Directory and or in an email blast to members? (Check if yes)	
Name as it appears on the card————————————————————————————————————		
CC #	. [
Billing address ———————————————————————————————————	Note: If you would like to be an NFDA member	r nlegse refer to
City, State, Zip	the NFDA dues information sent to you by the	_
CVC——- Expiration——-	arate cover.	1

MEMBERSHIP CATEGORIES