



Connecticut Funeral Directors Association, Inc.

Connecticut Funeral Directors Association, Inc. 2024 CFDA Dues Statement • Choice State

Please call CFDA with any questions regarding this application - (860) 721-0234
This Dues Statement & Membership Booklet are available on the website: www.ctfda.org.

Payments must be made after January 1, 2024.

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 _____

| | | |
|--|----|-----------------|
| MANDATORY CFDA Base Fee | \$ | \$475.00 |
| CFDA CASELOAD (\$5.50 per 2023 death certificates filed under the funeral home name & branches) _____ Certificates x \$5.50 = | + | _____ |
| Less Credit from CFDA 2023 Trust Involvement | - | _____ |
| You can only deduct your TRUST CREDIT off the CFDA CASELOAD section. If your trust credit EXCEEDS your CFDA CASELOAD, you can ONLY deduct the CASELOAD amount. (contact CFDA office if applicable) | | |
| Associate Licensee Member Only \$475.00 | + | _____ |
| (Not currently employed in a funeral home. No Vote) | | |
| Supplier/Mailing Members (No Vote) \$475.00 | | _____ |
| Total CFDA Dues \$ | | _____ |

| | | |
|--|----------|-------|
| AFFILIATE MEMBERSHIP | | |
| 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 | _____ |
| Total Dues this Section \$ | | _____ |

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 _____

• A TRUST CREDIT UP TO A MAXIMUM OF \$250.00 IS AVAILABLE TO CFDA'S ENDORSED MASTER TRUST PARTICIPANTS.
To obtain your Trust Credit your dues must be paid by Friday, February 16, 2024.

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 2024 will be \$311 per location. Webcasting License for 2024 will be \$61 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 _____ Cell No.* _____
**If you are willing to receive texts & reminders*

Name _____ **License #** _____
Indicate here if student, apprentice or retiree

Individual Business Email _____ Cell No.* _____
**If you are willing to receive texts & reminders*

Name _____ **License #** _____
Indicate here if student, apprentice or retiree

Individual Business Email _____ Cell No.* _____
**If you are willing to receive texts & reminders*

Name _____ **License #** _____
Indicate here if student, apprentice or retiree

Individual Business Email _____ Cell No.* _____
**If you are willing to receive texts & reminders*

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

Firm _____ Branch Funeral Director _____

Address _____

Phone () _____ Fax () _____ Branch Email _____

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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, Inc. (CFDA).

Signature of Voting Member: _____ **Date:** _____

Period covered by payment of dues: January 1, 2024 to December 31, 2024
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.