

West Virginia Funeral Directors and Crematory Operators Association

400 Allen Drive, Suite 20 ~ Charleston, WV 25302

Phone: 1-304-345-4711 Fax: 1-304-345-4712

www.wvfdcoa.org ~ kimesrob@yahoo.com

Annual Dues Notice

Funeral Home Name: _____

Name: _____ License #: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____ County: _____

Signature: _____

Emails: Yes No

Faxes: Yes No

****Our firm understands that by providing our mailing address, email address, telephone number and fax number, we consent to receive communications sent by or on behalf of the National Funeral Directors Association and West Virginia State Association.**

Please check if you do not wish to receive communications sent by or on behalf of the National Funeral Directors Association and West Virginia State Funeral Directors Association via: No faxes

Signature: _____ Date: _____

NOTE REGARDING TAX DEDUCTIBILITY OF WVFDA AND NFDA DUES: Dues are not deductible as charitable donations but may be deducted as ordinary business expense with the exception of any dues revenues utilized by a professional or trade association for lobbying procedures. Due to the Budget Revenue Reconciliation Act of 1993 that portion cannot be deducted by the member who paid dues. In accordance with the Act, the WVFDA and the NFDA are hereby notifying their membership that WVFDA estimates that 14% of 2019 dues and NFDA estimates that 5% of 2019 dues paid by a member will NOT be deductible as ordinary business expense for federal tax purposes. This estimate is to be utilized by WVFDA and NFDA members in determining what portion of their WVFDA and NFDA dues are deductible. Please provide a copy of this notice to your accountant and/or tax preparer.

NOTE FROM NFDA: It is understood and agreed that membership in the NFDA is conditioned upon adherence to the NFDA Constitution, Bylaws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by NFDA including, but not limited to, expulsion from membership.

For Office Use Only

Check # _____

Amount: \$ _____

Check Date: _____

Date Postmarked: _____

Date Received: _____

# of calls for ALL locations	WVFDCA Dues	NFDA Dues	Total Due
0-75	\$245.00	\$426.00 + 95¢ per case	\$671.00 + 95¢ per case
76-150	\$325.00	\$491.00 + 95¢ per case	\$816.00 + 95¢ per case
151-299	\$600.00	\$681.00 + 95¢ per case	\$1,281.00 + 95¢ per case
300-500	\$765.00	\$819.00 + 95¢ per case	\$1,584.00 + 95¢ per case
501-1000	\$1,150.00	\$1,231.00 + 95¢ per case	\$2,381.00 + 95¢ per case
1,000 plus	\$1,150.00	\$1,536.00 + 95¢ per case	\$2,686.00 + 95¢ per case

Number of cases _____ times (x) 95¢ = \$ _____

Total Dues: WVFDCA + NFDA Dues = \$ _____

WVFDCA Retired Licensee Members at \$100.00 each = \$ _____

WVFDCA Apprentice/Intern Members at \$100.00 each = \$ _____

Mortuary Science Student Dues at \$50.00 each = \$ _____

TOTAL DUES = \$ _____

Dues can now be paid online by visiting www.wvfdca.org. We accept credit card payments on the website.

I hereby certify that I am actively, openly and lawfully engaged in the profession of funeral directing and/or embalming and hereby make application for membership in the West Virginia Funeral Directors Association, Inc., and if accepted agree to abide by the bylaws of the association.

Funeral Directors:

***Report Additional Funeral Directors and Members on a separate sheet if needed. Include, name, license # and email address.**

Note: Funeral Directors at a member firm may request a free copy of The Director by placing a check mark beside your name.

Name: _____ License #: _____ Name: _____ License #: _____

Email: _____ Email: _____

Mailing Address: _____ Mailing Address: _____

Yes, please send the Directors Magazine

Yes, please send the Directors Magazine

Name: _____ License #: _____ Name: _____ License #: _____

Email: _____ Email: _____

Mailing Address: _____ Mailing Address: _____

Yes, please send the Directors Magazine

Yes, please send the Directors Magazine

Funeral Directors:

Name: _____ License #: _____

Name: _____ License #: _____

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

Yes, please send the Directors Magazine

Yes, please send the Directors Magazine

Name: _____ License #: _____

Name: _____ License #: _____

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

Yes, please send the Directors Magazine

Yes, please send the Directors Magazine

Name: _____ License #: _____

Name: _____ License #: _____

Email: _____

Email: _____

Mailing Address: _____

Mailing Address: _____

Yes, please send the Directors Magazine

Yes, please send the Directors Magazine

Retired Licensee:

Name: _____ License #: _____

Name: _____ License #: _____

Email: _____

Email: _____

Apprentice Membership:

Name: _____

Name: _____

Email: _____

Email: _____

Student Membership:

Name: _____

Name: _____

Affiliated Membership (WVFDA Only – No Extra Charge):

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Branch Establishments:

*No Extra Charge *Report Additional Branches and Members on Separate Sheet *

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ Email: _____

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ Email: _____

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ Email: _____

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ Email: _____

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ Email: _____

Firm Name: _____

Street Address: _____

Mailing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax: _____ Email: _____