



2026 Dues Invoice

Your membership includes **free** registration to the 2026 NYSFDA Annual Convention. If you have any questions regarding membership, contact us at 800.291.2629 or info@nysfda.org.

Contact Information

Membership Type: ☐ Individual - \$475 ☐ Trade Service - \$475 ☐ Supplier - \$475 ☐ Legacy - \$160

Prefix: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev. ☐ Other: _____

First Name: _____ M.I.: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different From Above): _____

City: _____ State: _____ Zip: _____

County: _____ NYS License #: _____

Phone: _____ Cell: _____

Email: _____

Company/Funeral Home Name: _____

Total Due:

Method of Payment

☐ **Check:** Payable to **NYSFDA**

☐ **Credit Card:**

Card Number: _____ Expiration Date: _____

Credit Card Authorization Code: _____

Please return this form to NYSFDA with the rest of your membership information.

Code of Ethics

- ☐ By renewing my membership I am adhering to NYSFDA's Code of Ethics.
Visit www.nysfda.org for a full copy.