



# FLORIDA MORTICIANS ASSOCIATION, INC.

*To serve as we would be served - with integrity, fairness and compassion.*

## MEMBERSHIP OR REINSTATEMENT APPLICATION

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

- |   |  |
|---|--|
| <input type="checkbox"/> New Membership     | <input type="checkbox"/> Reinstatement             |
| <input type="checkbox"/> Funeral Home Owner | <input type="checkbox"/> Funeral Director/Embalmer |
| <input type="checkbox"/> Intern/Apprentice  | <input type="checkbox"/> Mortuary Student          |

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

District#: \_\_\_\_\_

*Please select the district that serves you.*

- District     District/State     District/State/National

References: 1. \_\_\_\_\_

2. \_\_\_\_\_

Comments: \_\_\_\_\_

Contact Darrell L. Lawrence - Executive Secretary at 850-224-2139

or please mail application to his office

551 W. Carolina Street

Tallahassee, Florida 32301

STATE COPY