



# 2024 Dues Invoice

Your membership includes **free** registration to the 2024 NYSFDA Annual Convention.

## Primary Firm Information

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

Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Street Address (If Different From Mailing Address): \_\_\_\_\_

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

County: \_\_\_\_\_ NYS Firm Reg. #: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_

(Free hyperlink from NYSFDA.org)

- We wish to receive NYSFDA mailings at our primary location **only**.
- We wish to receive "URGENT" text alert messages via cell.

**Total 2023 Cases for Primary Firm Only:**  
*If you are joining prior to January 1st, please estimate the number of cases for remainder of the year.*

### Code of Ethics

- By renewing my membership I am adhering to NYSFDA's Code of Ethics. Visit [www.nysfda.org](http://www.nysfda.org) for a full copy.

**To maintain your active membership, please return this form, along with the rest of your membership information and payment, to NYSFDA by no later than March 31, 2024.**

# Worksheet A - Additional Firms

Please list below **ALL** additional firms designated under Primary Firm from Page 3.

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

Designee/Contact (Owner, Partner, Manager) Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

County: \_\_\_\_\_ NYS Firm Reg. #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Total Cases for This Firm Only:

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

Designee/Contact (Owner, Partner, Manager) Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

County: \_\_\_\_\_ NYS Firm Reg. #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Total Cases for This Firm Only:

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

Designee/Contact (Owner, Partner, Manager) Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

County: \_\_\_\_\_ NYS Firm Reg. #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Total Cases for This Firm Only:

Subtotal Additional Firms:

Total Cases, Primary Firm Only (from page 3):

**Total Cases, Primary Plus All Additional Firms** (used to calculate Per Case Fee, pg.6, #1):

## Worksheet B - Regular Firm Affiliate Members

Regular Firm Affiliate Membership is open to any licensed funeral director who currently has an affiliation with a NYSFDA member firm. **Note: If you are an employee of a member firm, you are already considered a member and do not need to become an Affiliate.**

**Membership Type: Firm Affiliate** Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Member Firm: \_\_\_\_\_ \$150.00

**Membership Type: Firm Affiliate** Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Member Firm: \_\_\_\_\_ \$150.00

**Membership Type: Firm Affiliate** Prefix:  Mr.  Mrs.  Ms.  Dr.  Rev.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Member Firm: \_\_\_\_\_ \$150.00

**Total Regular Firm Affiliate Members** (place this amount on pg.6, #2):

# 2024 Dues Worksheet

1. Per Case Fee - total of cases for all firms (Primary + Additional) from pages 3-4.

<b>Example:</b> ABC Funeral Home, Inc. has 2 firms/locations and 345 cases in 2023:	1 - 300 Cases _____ X \$6.00/case _____		
- 300 x \$6.00 = \$1,800	301 - 600 Cases _____ X \$3.00/case _____		
- 45 x \$3.00 = \$135	601+ Cases _____ X \$1.50/case _____		
<b>Total Per Case Fee: \$1,935</b>	<b>Total Per Case Fee:</b> <i>Unless initialed below, a percentage of the case fee, decided by the NYSFDA Board of Directors, will be contributed to NYSFDA PAC.</i>		\$ _____

- 2. Regular Firm Affiliate Membership - \$150.00 per affiliate:  
*(Bottom total on Worksheet B)* \_\_\_\_\_
- 3. Optional Contributing Donation - \$50.00: \_\_\_\_\_
- 4. Optional Sustaining Donation - \$100.00: \_\_\_\_\_
- 5. Optional NYS Tribute Foundation Donation - A 501(c)(3) organization \_\_\_\_\_
- 6. Base Fee - applicable to all members for the first firm under one ownership: \_\_\_\_\_ \$305.00  
No other base fee for additional firms.
- 7. **Total Dues Enclosed for 2024** (sum of lines 1 through 6): \_\_\_\_\_

**Please make dues checks payable to NYSFDA.**

**Unless initialed below**, a percentage of the case fee, decided by the NYSFDA Board of Directors, will be contributed to NYSFDA PAC.

\_\_\_\_\_ Initial here if you **DO NOT** want a percentage of your “per case” dues to be contributed to the NYFDA PAC.  
If you choose not to contribute to the PAC, the amount will be deposited in the general fund.

NYSFDA dues are not deductible as a charitable contribution for federal income tax purposes. If you choose to contribute to PAC, a percentage of your membership dues can be used as a business expense. This percentage will be decided upon by the NYSFDA Board of Directors yearly and members will be notified of the percentage at renewal. If you do not choose to contribute to PAC, 50% of your membership dues can be used as a business expense.

## Method of Payment

- Check:** Payable to **NYSFDA**.
- Automatic Deduction:** Dues payments will be automatically deducted from your checking or savings account in monthly installments. **You MUST complete the Direct Dues Payment Authorization Form (on the next page) and include a voided check, even if you have used this method in years prior.**
- Credit Card:**  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Credit Card Authorization Code: \_\_\_\_\_

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

<p>Thank you for renewing your membership! Please return all required forms and payment to:</p>	<p><b>NYSFDA</b>  <b>Attn: Membership</b>  <b>1 S. Family Drive</b>  <b>Albany, NY 12205</b></p>
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# NYSFDA Direct Dues Payment Authorization

We are pleased to offer you the option of paying your NYSFDA dues by Direct Payment. If you choose, your dues can be automatically deducted from your checking or savings account in monthly installments.

## Benefits of Direct Dues Payment:

- Saves time – fewer checks to write and mail
- Dues are paid in a convenient and timely manner – even when you're on vacation or out of town
- Payments are always on time – helps to maintain good credit
- Easy to sign up for and, if necessary, cancel

## How Direct Dues Payment Plan Works:

You authorize a regularly scheduled payment to be made from your checking or savings account. Then, just sit back and relax. Your dues payment will be made automatically on or about the 15th of each month.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before the payment date. The Direct Dues Payment Plan is dependable, convenient and easy.

## Signing Up is Easy:

1. Select the type of account to indicate whether your payment will be deducted from your checking or savings account (below).
2. Fill in your name, financial institution name and location and date.
3. Attach a voided check for verification of all financial institution information.

**Note:** Any declined monthly payment will be charged a \$10.00 service fee. NYSFDA reserves the right to suspend a firm's ACH payment plan if there has been more than one declined payment. At that time, the remainder of the cost of dues would be due in one lump sum or membership will be revoked.

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## Direct Dues Payment Authorization Form (please print)

I authorize the New York State Funeral Directors Association, Inc. to initiate electronic debit entries for payment of my NYSFDA Membership Dues from my: \_\_\_\_\_ Checking Account **Or** \_\_\_\_\_ Savings Account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Funeral Firm Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Financial Institution City & State: \_\_\_\_\_

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

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