



Join MFDA Today!



Mississippi Funeral Directors Association
PO Box 22584, Jackson, MS 39225
Phone: 601-978-1920 Fax: 601-978-1950
Email: MFDA@tatmangroup.com

2016-2017
BOARD OF DIRECTORS

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Chancellor Funeral Home

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About MFDA

The Mississippi Funeral Directors Association was formed to cultivate and promote the art and science of funeral directing and embalming; to elevate and sustain the professional character and education of the funeral directors and embalmers; to encourage among them mutual improvement, social interaction and good will; and to the necessity and desirability of enacting and enforcing proper, just and uniform laws pertaining to funeral directing and embalming in the State of Mississippi.

Membership in the MFDA has numerous benefits:

- Members-only use of the Pre-Need Trust
- FREE Online Directory Listing
- FREE Quarterly Journal
- Member Discounts at the Mid-Winter Seminar
- Member Discounts at the Annual Convention
- Invitations to District Meetings
- Legislative Information & Lobbying on behalf of the funeral service profession
- Email Blasts on important industry information, death notices, etc.
- Fellowship with Industry Peers
- Voting Privileges (for voting and affiliate members)
- Right to Hold Office (for voting and affiliate members)

Membership Levels

Annual membership cycle January 1st—December 31st
APPLICATION DUE BY DECEMBER 31st

Funeral Home (Firm/Voting) Member:

Individuals of ownership or management, or duly licensed employees of the active member establishment. Members shall have all the rights and privileges of the Association including the right to hold office and to vote.

Affiliate (Non-Voting) Member:

Persons employed by or affiliated with a member establishment. Affiliate Members shall have all the rights and privileges of the Association except the right to hold office and to vote.

Associate (Non-Funeral Home) Member:

Persons associated with the funeral service industry who are not directly or actively engaged in the funeral service progression. Associate members shall have all the rights and privileges of the Association, except the right to hold office and to vote.

Student Member:

A special membership classification is extended to Mississippi residents currently enrolled in an accredited school of mortuary science certified by the American Board of Funeral Service.

Membership Form

Annual Membership Cycle :: January 1st - December 31st

Application due by December 31st

Deadline for Voting Privileges: January 31st

Application must be postmarked or faxed by this date.

Contact Information:

Name: _____ Spouse: _____

Name of Main Funeral Establishment : _____

Name of Business (Associate Only): _____

Name of School (Student Only): _____

Funeral Establishment License Number (if applicable): _____ Type of Ownership: Corporation Individual

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Website: _____ Email: _____

District: Northern Central Southern All (Associate) Notify me of my district's meetings: Yes No

Membership Fees:

#____	Main Establishment [Includes 1 voting member]	\$175	_____
#____	Additional Voting Member(s) [Please fill out pg. 4 with individual(s) information]	\$100	_____
#____	Non-Voting Member(s) [Please fill out pg. 4 with individual(s) information]	\$50	_____
#____	Branch Establishment(s) [Includes 1 voting member; fill out pg. 5 with additional branch(es) information]	\$100	_____
#____	Total Adult Case Loads** [REQUIRED for Main Establishment and/or Branch]	_____ x \$1.20	_____
#____	Student Member	\$15	_____
#____	Associate Member	\$75	_____
Total Amount Due:			_____

****Please Note:** Caseloads are required and must include direct cremations performed for your funeral home, traditional cremation services, graveside services, traditional funeral services. This number should not include services your funeral home provides for another funeral home such as removal and embalming and/or ship out or a cremation performed by your funeral home as a service for another funeral home. Caseloads may be estimated for the remainder of the year, or can be estimated on the prior 12 months.

<input type="checkbox"/> Enclosed is a check payable to MFDA. <input type="checkbox"/> Please charge my credit card for the total due. Card Type: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AmEx <input type="checkbox"/> DISC Card Number: _____ Name on Card: _____ Exp. Date: ____ / ____ Security Code: _____ Billing Address: _____ City: _____ State: _____ Zip Code: _____ <i>Credit Card payments may be faxed, emailed or mailed.</i>	Remit Payment to: Mississippi Funeral Directors Association PO Box 22584, Jackson, MS 39225 Phone: 601-978-1920 Fax: 601-978-1950 Email: MFDA@tatmangroup.com
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I (We) Certify that I (we) have read and understand the Bylaws of the Mississippi Funeral Directors Association.

Signature of Owner, Partner or Officer

Signature of Licensee in Charge

Date

Main Establishment & Additional Voting/Non-Voting Members

Licensee in charge is the primary member designated for the funeral home and is included in main establishment dues.

Main Establishment Current Licensee in Charge:

Name: _____

Licensee #: _____

Email: _____

NOTE: If possible, please use different email addresses for all members. If no email, write "no email" on email line.

Additional Voting Member(s) Up to two [2] additional voting members are encouraged at \$100 each

1. _____ Licensee # _____ Email: _____

2. _____ Licensee # _____ Email: _____

Non-Voting Affiliate Members

Add as many staff as you wish at the non-voting member level for \$50 each. Use a separate page for additional names.

1. _____ Email: _____

2. _____ Email: _____

3. _____ Email: _____

4. _____ Email: _____

Additional Branch Location(s) Membership

Add branches of the Main Establishment for \$100 each, plus annual caseloads. There is no branch limit. Separate Main Establishments should have stand-alone Main Establishment memberships and dues.

Name of Branch : _____ Funeral Est. License# _____
Licensee in Charge: _____ Licensee # _____ Email: _____
Branch Mailing Address: _____ City _____ State _____ Zip _____
Branch Physical Address (If different than mailing): _____ City _____ State _____ Zip _____
Email: _____ Phone: _____ Fax: _____
District (check one): Northern Central Southern All

Name of Branch : _____ Funeral Est. License# _____
Licensee in Charge: _____ Licensee # _____ Email: _____
Branch Mailing Address: _____ City _____ State _____ Zip _____
Branch Physical Address (If different than mailing): _____ City _____ State _____ Zip _____
Email: _____ Phone: _____ Fax: _____
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