



# METROPOLITAN FUNERAL DIRECTORS ASSOCIATION

INTEGRITY. DEPENDABILITY. ETHICS.

REPRESENTING FUNERAL SERVICE IN NEW YORK METROPOLITAN AREA SINCE 1928

## 2025 Dues Invoice

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

Firm Designee's First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

County: \_\_\_\_\_

NYS Firm Registration #: \_\_\_\_\_

Firm Designee's Funeral Directors License Number: \_\_\_\_\_

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

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

Regular Member Dues: **\$750.00**

Dated: \_\_\_\_\_ Designee / Contact Signature: \_\_\_\_\_

We value your continued membership. To avoid interruption of services, please remit dues by **April 1st**.

# Individual - Affiliate Members

An additional licensed funeral director of a "Regular Member" firm who receives mail at the same firm.  
An affiliate is a person, not the location. An "Affiliate" is eligible to hold elected office.

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

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

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

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

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

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

Funeral Directors License #: \_\_\_\_\_ \$125.00

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

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

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

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

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

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

Funeral Directors License #: \_\_\_\_\_ \$125.00

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

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

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

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

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

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

Funeral Directors License #: \_\_\_\_\_ \$125.00

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

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

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

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

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

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

Funeral Directors License #: \_\_\_\_\_ \$125.00

**Total Affiliate Members** (place this amount on page 3, #2):

# 2025 Dues Worksheet

- |  |          |
|--|----------|
| 1. Regular Membership  | \$750.00 |
| 2. Affiliate Membership - \$125.00 per affiliate member:<br>(Bottom total on page 2) | _____    |
| 3. Total Dues Enclosed for 2025 (sum of lines 1 and 2):                              | _____    |

Please make dues checks payable to Metropolitan Funeral Directors Association.

## Have You:

- Completed all the information for the Funeral Home?
- Included all Affiliate Membership information? (If applicable)
- Completed the entire packet?
- Enclosed your check, payable to Metropolitan Funeral Directors Association?
- Completed the Direct Dues Payment Authorization and included a voided check?

Thank you for promptly remitting your MetFDA dues. Please return all required forms in the enclosed envelope to:

**Metropolitan Funeral Directors Association**  
**1 South Family Drive**  
**Albany, NY 12205**

## Method of Payment

- Check:** Payable to Metropolitan Funeral Directors Association.
- 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 #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Authorization Code (3 digit code on back of card): \_\_\_\_\_

Please return this form to the Metropolitan Funeral Directors Association with the rest of your membership information.

# MetFDA Direct Dues Payment Authorization

We are pleased to offer you the option of paying your Metropolitan FDA 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. The Metropolitan FDA 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.*

## Direct Dues Payment Authorization Form (please print)

I authorize the Metropolitan Funeral Directors Association to initiate electronic debit entries for payment of my Met FDA 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 the Metropolitan Funeral Directors Association with the rest of your membership information.