



CO-OPERATIVE FUNERAL SERVICE MANAGERS' ASSOCIATION

APPLICATION FOR MEMBERSHIP

To: The Executive Council

I hereby make application for membership of the Co-operative Funeral Service Managers' Association and if admitted, agree to observe and abide by the rules governing the Association.

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name in Full Mr/Mrs/Ms
Date of Birth
Home Address
.....
Home Telephone Number
Employing Society
Official Designation
Address
.....
Works Telephone Number
Date of Appointment
Division

CATEGORY OF MEMBERSHIP

CRAFT

AFFILIATE

PROVISIONAL

Signature of Applicant Date

Date Accepted by Division Signed

LEVY

Each Member may be requested to pay an annual levy for each year from 1st January to 31st December. The amount of levy is agreed by the members at the Annual General Meeting, usually held in October. This entitles you to participate in all privileges and benefits as set forth in the rules of the Association.

Please do not send any remittance with this application, an invoice will be sent stating the amount due once your membership has been accepted.