



1305 W. 96th Street, Suite  
 Indianapolis, IN 46260  
 317-846-2448 | 800-458-0746

**2020 ESTABLISHMENT DUES**  
 Indiana Funeral Directors Association  
 January 1, 2020 - December 31, 2020

**ESTABLISHMENT INFORMATION**

Firm Name: \_\_\_\_\_ F.H. License #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ District: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ County: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 Name of Owner: \_\_\_\_\_ Name of Manager: \_\_\_\_\_  
 Cell phone number of owner or manager: \_\_\_\_\_  
*(This is for emergency purposes only and will not be given out, printed or sold.)*

**BRANCH LISTING(S)** (Attach separate page if necessary)

Branch Name: \_\_\_\_\_  
 Licensed person designated as the responsible party: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address \_\_\_\_\_  
**Should this branch receive IFDA mailings?**  Yes  No

Branch Name: \_\_\_\_\_  
 Licensed person designated as the responsible party: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address \_\_\_\_\_  
**Should this branch receive IFDA mailings?**  Yes  No

**LICENSEES LISTING(S)** (Attach separate page if necessary)

**Please list ALL licensees of your funeral home and their funeral director license numbers. If you do not list all of your funeral directors, they will be removed from the database.**

Name \_\_\_\_\_ License # \_\_\_\_\_  
 Email \_\_\_\_\_  
 I wish to receive the newsletter and mailings at my home address for \$50

Name \_\_\_\_\_ License # \_\_\_\_\_  
 Email \_\_\_\_\_  
 I wish to receive the newsletter and mailings at my home address for \$50

Name \_\_\_\_\_ License # \_\_\_\_\_  
 Email \_\_\_\_\_  
 I wish to receive the newsletter and mailings at my home address for \$50

## DUES COMPUTATION

Total number of original death certificates filed for your firm(s) in 2019.

This amount includes all death certificates of all funeral homes under the same ownership filed in calendar year 2019.

Total number of death certificates filed in 2019 \_\_\_\_\_

- |                                                                                                                                                                                                                                                                                                  |              |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| 1. Establishment Base Fee                                                                                                                                                                                                                                                                        |              | \$ 235.00 |
| 2. \$5.50 x _____ Death Certificates (Up to 500 death certificates where services totaled over \$600)                                                                                                                                                                                            |              | \$ _____  |
| 3. \$2.75 for all death certificates over 500 certificates filed                                                                                                                                                                                                                                 |              | \$ _____  |
| 4. Individual Home Mailing Fee (\$50 each) – from front                                                                                                                                                                                                                                          | \$50 x _____ | \$ _____  |
| 5. Voluntary IFDA Legislative Fund Contribution                                                                                                                                                                                                                                                  |              | \$ 100.00 |
| 6. Voluntary Indiana Education Foundation Contribution (Tax deductible 501 (c)(3) Foundation)<br><i>All donations go towards the Isaac Ball Fellow designation. A cumulative donation of \$1000 earns this distinction – OR to become an Isaac Ball immediately, enclose donation of \$1,000</i> |              | \$ 100.00 |
| 7. Add \$50.00 for payment postmarked after February 1, 2020                                                                                                                                                                                                                                     |              | \$ _____  |

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

## PAYMENT OPTIONS

Check Enclosed (made out to IFDA) Check #: \_\_\_\_\_

Please charge my:  MC  Visa  Amex  Discover

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code (on back of card): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

One annual payment

Four quarterly Payments (credit card charges only)

*Dues Payment To The Indiana Funeral Directors Associations May Be Deductible As Business Expenses, But Under No Circumstances Are They Deductible As Charitable Contributions. In Accordance With The Budget Revenue Reconciliation Act, 6.87% of 2020 IFDA Dues Paid By A Member Will Not Be Deductible As Ordinary Business Expenses For Federal Tax Purposes.*

*By paying the 2020 annual dues, I authorize the Indiana Funeral Directors Association, Hightower Services, Inc., and the Indiana Funeral Education Foundation to transmit notices, bulletins, advertisements, and solicitations by fax, email and/or telephone.*

## IFDA ANNUAL CONVENTION

May 12 - 14, 2020

Embassy Suites Conference Center - Noblesville

### FOR IFDA OFFICE USE ONLY

Dues Payment Deposited	Initials _____	Date _____	Check # _____	CC Confirmation # _____
Recorded in computer	_____	_____		
Member Mailing Completed	_____	_____		