



Indiana Funeral Directors Association

1305 W 96th Street, Suite A

Indianapolis, IN 46240

317-846-2448 | 800-458-0746 | fax 317-846-6534

DISTRICT 2 DIRECTOR CANDIDATE FORM

*The IFDA District 2 Director position has become vacant due to Jim Weldy becoming the IFDA Secretary/Treasurer. If you, or someone you know in District 2, is interested in serving as the District 2 Director (now - May 31, 2026), please complete this form and return to Connie via email, fax or mail no later than **Monday, June 16, 2025**.*

Because the position was vacated before the end of the term, this position will be board appointed. Meaning, all nominees will be interviewed by the IFDA Board of Directors, and the board will make the decision on who will serve as District 2 Director through May 31, 2026.

To be eligible for the district 2 director, a member must be nominated with the form provided by the association office and the names of the nominee and nominator shall be stated on such form. The nominee and the nominator's place of employment must be in the same district scheduled for action to nominate and elect a district director, and the nominee and the nominator shall be an Indiana licensee of an Establishment member in good standing with the association.

Qualifications for Membership on Board of Directors

All officers and directors of the association must be, as of the date of commencement of a term of office and continuing throughout such term:

- g. An individual licensed by the State of Indiana under Indiana Code 25-15, et seq.; and
- h. An individual directly affiliated with a funeral home licensed under Indiana Code 25-15 and an Establishment member in good standing either as an employee, consultant, officer and/or director.

Return to the IFDA office no later than Monday, June 16, 2025

- Fax: 317-846-6534
- Email: connie@infda.org
- Mail: 1305 W 96th Street, Ste A, Indianapolis, IN 46260

THE INFORMATION BELOW MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE VALID!

Name of Candidate _____ License # _____

Funeral Home _____ City _____

I hereby nominate the above-named individual. I certify that I have confirmed with the above-named nominee that they are eligible and willing to serve in this capacity if elected. I am a member in good standing (dues must be current) with the association.

My Name (printed) _____ License # _____

Funeral Home _____ City _____

Signature _____ Date _____