



## Indiana Funeral Directors Association

1305 W 96<sup>th</sup> Street, Suite A

Indianapolis, IN 46240

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# DISTRICT DIRECTOR NOMINATION FORM FOR DISTRICTS 2, 4, 6, 8

**Return to the IFDA office no later than August 9, 2025**

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- Email: [connie@infda.org](mailto:connie@infda.org)
- Mail: 1305 W 96<sup>th</sup> Street, Ste A, Indianapolis, IN 46260

To be eligible for election for district director, a member must be nominated with the forms provided by the association office and the names of the nominee and nominator shall be stated on such forms. In order to be valid, any such nomination must be returned to the association's offices at least forty-five (45) days prior to the first district meeting. 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.

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

District # \_\_\_\_\_

Name of Nominee \_\_\_\_\_ 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 \_\_\_\_\_