



BRITISH INSTITUTE OF FUNERAL DIRECTORS

APPLICATION FOR FULL MEMBERSHIP - 2010/2011

FULL NAME Mr/Mrs/Miss/Ms		
Address:		
		Post Code:
Telephone:	Home:	Business:
Email:		
Web. www.		

BIFD Student Number (<i>not NAFD Number</i>):

I declare that I can satisfy the educational standards of the Institute by having either:
<i>*Obtained the Diploma in Funeral Directing</i>
<i>*Attained an NVQ in Funeral Directing to Level 4 or equivalent</i>
<i>*Other Qualifications</i>
NOTE: please supply full details of how you satisfy the standards and send copies of the supporting evidence e.g. the Diploma

I Enclose my relevant subscription fee for the remainder of this subscription period ending on 31 March 2011. (<i>Please note that subsequent renewals will be for a 12 month period commencing on 1 April each year.</i>) Payment may be sent by Cheque (payable to BIFD), or by *Credit/Debit Card (*details will need to be taken over the telephone).

<i>If your application is dated between 01/04/10 - 30/09/10 the fee will be £102.00</i> Please ✓:	
<i>If your application is dated between 01/10/10 - 31/03/11 the fee will be £51.00</i> Please ✓:	

I Declare that the information furnished by me as part of this Application is correct and I agree to comply with the Rules of the Institute including the Code of Ethics.
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I Acknowledge that any Membership Certificate issued to me will remain the property of the Institute

I Confirm that on termination of my Membership of the Institute, for any reason, I will return my Membership Certificate, refrain from using the letters MBIFD OR LMBIFD after my name and cease using the logo or advertisement containing reference to the Institute.
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Signature:	Date:
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Please forward the completed application form
(with copies of documentary evidence that supports your application) to:

British Institute of Funeral Directors
1 Gleneagles House, Vernon Gate, South Street, Derby DE1 1UP
Tel: 0800 032 2733 Fax: 01332 225101 Email: enquiries@bifd.org.uk Web: www.bifd.org.uk