



BRITISH INSTITUTE OF FUNERAL DIRECTORS

APPLICATION FOR FULL MEMBERSHIP – 2018/19

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

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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(please specify)</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 2019. <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 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.
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.

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
28 Cherry Blossom Close, Ipswich, Suffolk IP8 3ST
Tel: 0800 032 2733 Email: admin@bifd.org.uk
www.bifd.org.uk