



**BRITISH INSTITUTE OF FUNERAL DIRECTORS**  
**APPLICATION FOR ASSOCIATE MEMBERSHIP – 2018/19**

FULL NAME or COMPANY NAME	
Address:	
	Post Code:
Telephone: Home:	Business:
Mobile:	
Email:	
Website: www.	

Involvement with the funeral/bereavement sector :

<b>I</b> enclose my relevant subscription fee for the remainder of this subscription period ending on 31 March 2019.	
Payment may be sent by Cheque (payable to BIFD), or by *Credit/Debit Card (*details will need to be taken over the telephone).	
<b>I Declare</b> 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.	
<b>I Acknowledge</b> that any Membership Certificate issued to me will remain the property of the Institute	
<b>I Confirm</b> that on termination of my Membership of the Institute, for any reason, I will return my Membership Certificate and cease using the logo or any advertisement containing reference to the Institute.	

Signature:	Date:
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**Please forward the completed application form to:**

***British Institute of Funeral Directors***  
**28 Cherry Blossom Close, Ipswich, Suffolk IP8 3ST**  
**Tel: 0800 032 2733 Email: admin@bifd.org.uk Web: www.bifd.org.uk**