



BRITISH INSTITUTE OF FUNERAL DIRECTORS
APPLICATION FOR ASSOCIATE MEMBERSHIP - 2022/23

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

Involvement with the funeral/bereavement sector :

I enclose my relevant subscription fee for the subscription period ending on 31 March 2022.	
£100.00	
Bank details:	British Institute of Funeral Directors
Unity Bank Trust	60-83-01 Acct no: 20336550
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 and cease using the logo or any advertisement containing reference to the Institute.	
I Agree to my details being shared with Institute members	

Signature:	Date:
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Please forward the completed application form to:
British Institute of Funeral Directors
10 St John Road, Wroughton, Swindon SN4 9ED
Tel: 01793 814602 Email: admin@bifd.org.uk Web: www.bifd.org.uk