



BRITISH INSTITUTE OF FUNERAL DIRECTORS
APPLICATION FOR ASSOCIATE MEMBERSHIP - 2024/25

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

Involvement with the funeral/bereavement sector :

<p>Please complete and return this form to National Office. Once the Board of Directors have approved your application, we will provide you with our bank details for you to send payment prior to us issuing your membership certificate.</p>
<p>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.</p>
<p>I Acknowledge that any Membership Certificate issued to me will remain the property of the Institute</p>
<p>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.</p>
<p>I Agree to my details being shared with Institute members</p>

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: 0800 032 2733 Email: admin@bifd.org.uk Web: www.bifd.org.uk