



BRITISH INSTITUTE OF FUNERAL DIRECTORS
APPLICATION FOR FULL MEMBERSHIP - 2025/26

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

Details of qualifications ie Diploma in Funeral Service or Diploma in Funeral Practice

Please complete and return this form to National Office with evidence of your qualifications. ie. a copy of your NAFD Diploma Certificate or IFD Cert FP Certificate. Once we have checked these we will provide you with our bank details for you to send payment prior to us issuing your membership certificate.

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
BIFD National Office 2 Heather Ridge Arcade Heatherside Camberley Surrey GU15 1AX
Tel: 0800 032 2733 Email: admin@bifd.org.uk Web: www.bifd.org.uk