

2025 Firm Membership Dues Application

Montana Funeral Directors Association

PO Box 1003

Dillon, MT 59725

Dues good through 12/31/25

If you have any questions email info@montanafda.org



Please make checks payable to:

MFDA

PO BOX 1003

DILLON, MT 59725

Credit Card Payment

Name as it appears on the card

Step 1

2025 Membership Dues

(based on caseload for all locations within a state)*

First year firms and firms that process under 50 cases a year pay only the base fee of \$215.00.

MFDA Fee

Computation method:

(1) # cases _____ x \$4.75 = \$ _____

(2) Base Fee \$ 215.00

Total of (1) and (2) \$ _____

CC # _____

Billing address _____

City, State, Zip _____

CVC _____ Expiration Date _____

Email address for receipt _____

***Definition of Caseload**

"A firm's caseload is the total # of families served or death certificates filed for the calendar year per state, minus those served or filed while you're acting as an agent on behalf of another licensed funeral service practitioner. Caseload volumes reported by members for dues purposes are confidential and shall not be disclosed to unauthorized third parties."

How is this Form Completed if I am Part of a Group of Firms?

Multiple locations, owned by a single owner, providing full service and staff at each establishment, would each constitute separate firms for the purposes of your MFDA dues payment. Unstaffed branches should be combined with a central establishment for dues paying purposes, and are listed under the main firm in the MFDA directory.

"It is understood and agreed that membership in MFDA is conditioned upon adherence to the MFDA Constitution, By-laws and Code of Professional Conduct. Violations of any of these may result in disciplinary measures imposed by MFDA including, but not limited to, expulsion from membership."

Step 2

Funeral Home (main location): _____

Mailing Address: _____

City/State/Zip: _____

Street Address: _____

City/State/Zip: _____ **MT County:** _____

Telephone: _____ **Fax:** _____

Funeral Home E-mail: _____

Website: _____

Note: If you would like your firm to be an NFDA member please refer to the NFDA dues information sent to you by the NFDA under separate cover.

(Please see back of the form to list additional locations.)

Please complete both sides of form

Step 3

(List licensees and apprentices at main location only in step 3. List licensees at additional locations in step 4.) If you do not list a personal address, the mail will be directed to the main location. Please do not list the same individual more than once at main location or at additional locations. ***Please print legibly.***

Primary Contact:

Name: _____

Licensee # (include State (s)): _____

Personal Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Cell #:** _____

Fax: _____ **E-mail:** _____

Licensee Name: _____

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Is this licensee available to provide coverage for other firms if needed for vacation or emergency relief? (Check if yes) |
| <input type="checkbox"/> | Would you like this information to be made available to other firms through the MFDA? (Check if yes) |
| <input type="checkbox"/> | Would you like it published in the MFDA Directory and/ or in an email blast to MFDA Members? (Check if yes) |

License # (include State (s)): _____

Personal Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Cell #:** _____

Fax: _____ **E-mail:** _____

Step 4

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Is this licensee available to provide coverage for other firms if needed for vacation or emergency relief? (Check if yes) |
| <input type="checkbox"/> | Would you like this information to be made available to other firms through the MFDA? (Check if yes) |
| <input type="checkbox"/> | Would you like it published in the MFDA Directory and/ or in an email blast to MFDA Members? (Check if yes) |

Additional locations (included in the price of the membership). If you have more than 2 additional locations please attach a copy to this page. Please do not list the same individual more than once at main location or at additional locations.

Funeral Home: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____

Fax: _____

Email: _____

Website: _____

Licensee Name: _____

License # (include State (s)): _____

Personal Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **Cell #:** _____

Fax: _____ **E-mail:** _____

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Is this licensee available to provide coverage for other firms if needed for vacation or emergency relief? (Check if yes) |
| <input type="checkbox"/> | Would you like this information to be made available to other firms through the MFDA? (Check if yes) |
| <input type="checkbox"/> | Would you like it published in the MFDA Directory and/ or in an email blast to MFDA Members? (Check if yes) |

Notice Regarding Tax Deductibility of MFDA Dues:

Generally, funeral homes that pay MFDA dues are able to deduct 100% of those dues as ordinary business expenses for federal tax purposes. However, due to the enacted Budget Reconciliation Act of 1993 ("the Act") dues revenues utilized by a professional trade association for lobbying purposes cannot be deducted by the member who paid dues. In accordance with the Act, the MFDA is hereby notifying its membership that it estimates that 36.5% of 2025 MFDA dues paid by a member are not deductible as ordinary business expense. These estimates are to be utilized by MFDA members in determining what portion of their MFDA dues is deductible.

Please provide a copy of this notice to your accountant and/or tax preparer.

KEEP YOUR EMPLOYEES INFORMED

Please use a separate paper to list all employees you would like to receive MFDA email updates.