



APPLICATION FOR MEMBERSHIP

I, (full names and surname) \_\_\_\_\_ in my capacity as owner/ partner/ director/ manager/ (or other) \_\_\_\_\_ of the Company \_\_\_\_\_ herewith apply for Full/ Limited/ Affiliate/ Associate membership of the National Funeral Directors' Association of Southern Africa (NFDA).

I confirm my authority to apply herewith on behalf of the abovementioned Company.

I accept the NFDA's Code of Conduct as the basis whereupon the Company will be operated.

I will strive to uphold the Constitution of the NFDA. Where applicable I will meet the minimum requirements concerning the funeral directing profession including health requirements as required by the NFDA.

I undertake to pay the annual membership fees as determined during the Annual General Meetings.

The administration fee of R400-00 must be paid into the NFDA's bank account at ABSA (#4055382677) whereafter the deposit slip and application form must be faxed to 086 540 9156 or emailed to secretary@nfda.org.za . (Please use 'NFDA application and part of your company name as deposit reference).

I understand that in the case of the application being unsuccessful, the amount will be forfeited.

The present annual membership fee will be payable on acceptance to the Association:

Full / Limited / Associate member – R3 000-00; Affiliate member – R300-00

Enclosed please find the completed "Additional Information" form in support of my application. Should I fail to supply full information or supply false information, I understand that my application will be declined. If my application has already been accepted, the NFDA may – in such a case – immediately terminate my membership.

Recommendations made by:

1. A Full Member of the NFDA :
.....

2. A Local Business or Community Leader :
.....

(Please attach written recommendations as proof)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_
APPLICANT

**ADDITIONAL INFORMATION SUPPLEMENTING APPLICATION FORM  
FOR NFDA MEMBERSHIP**

*Please delete where not applicable*

**A. COMPANY DETAILS**

1. Trade Name: \_\_\_\_\_

2. Name of Owners/Managers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Physical Address: \_\_\_\_\_

\_\_\_\_\_

4. Postal Address: \_\_\_\_\_

\_\_\_\_\_

5. Telephone Number/s: \_\_\_\_\_

Fax Number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number/s: \_\_\_\_\_

6. Number of Branches (The main branch does not count as a branch): \_\_\_\_\_

*(If you have more than one branch, please attach a list of branches with detailed information, e.g. addresses, telephone and fax numbers etc.)*

7. Do you market funeral insurance or membership for a funeral scheme? \_\_\_\_\_

\_\_\_\_\_

8. The business is registered as a Company / Close Corporation / Partnership / Sole Owner Business/Other (describe):

\_\_\_\_\_

9. Indicate the nature of your business (e.g. funeral director with full status, arrangement office only, supplier of funeral accessories, etc. (See B below for guidelines)

\_\_\_\_\_

\_\_\_\_\_

10. How long have you been operating the business at the address stated above?

\_\_\_\_\_

**B. TYPES OF MEMBERSHIP**

- \* Full membership: Full operational funeral concern (with own mortuary) or a Company Head Office with branch offices.
- \* Limited membership: An operational funeral concern, but without own mortuary that stores deceased at the mortuary of a Full member of the NFDA; OR a funeral concern that does not yet meet the required criteria (membership may be granted for a period).
- \* Affiliate membership: Each branch office or agency of a full or limited member.
- \* Associate membership: Corporate (organizations) or Individual membership: For suppliers/providers to or professionals/officials associated with the funeral industry, who wish to be associated with the NFDA and abide by its Code of Conduct.

**C. DETAILS OF FACILITIES AT THE ABOVE-MENTIONED PREMISES**

(If applicable)

1. Do you have a mortuary register? \_\_\_\_\_
2. Do you have cold storage at your disposal? \_\_\_\_\_
3. Do you have a Certificate of Competence (not a trade license) supplied by the local authority in agreement with Regulation R237 of the Department of National Health and Population Development – issued on 8 February 1985? \_\_\_\_\_

If your answer is YES, please include a copy of your certificate. If you are not yet in possession of a certificate, have you applied for one at your local authority? \_\_\_\_\_

Please make sure that this CoC is current and valid.

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Please sign the Code of Conduct as proof of your willingness to accept it.

Thank you for taking the time to complete this application form in full.