



APPLICATION FOR MEMBERSHIP 2025

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

- I confirm my authority to apply herewith on behalf of the above-mentioned company.
- I accept the NFDA's Code of Conduct as the basis on which 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.

PLEASE NOTE:

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 **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 800-00**; Affiliate member – **R430-00**

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.

I hereby submit **recommendations** made by:

1 A Full Member of the NFDA :

...(Name of member).....

2 A Local Business or Community Leader :

...(Name of business/organisation).....

(Please attach written recommendations as proof)

SIGNED BY APPLICANT _____

DATE _____

ADDITIONAL INFORMATION

A. COMPANY DETAILS

1 .Trade name:

2 Name of Owner/Manager:

3 Physical Address:

4 Postal Address:

5 Telephone 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. hereto.)

7. Do you market funeral insurance or membership for a funeral scheme? If you do, please provide a letter or certificate from the scheme. _____

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

9. Indicate the nature of your business (e.g. funeral director with full status, arrangements 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.

1. Do you have membership with another funeral association that is a member of the FFSA? If you do, please provide the name of the association.

C. DETAILS OF FACILITIES AT THE ABOVE-MENTIONED PREMISES

1 Do you have a mortuary register? Please submit a copy of a page from the register.

2 Do you have cold storage at your disposal? If not, where are you storing currently?

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? _____

Make sure that this CoC is current and valid.

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.