



Associate Membership Application Form
The National Society of Allied and Independent Funeral Directors.

1. Company Details

Company Name:

Head Office Address:

..... Postcode

Tel: Fax: Email:

Website:

Is the company a member of any other professional association? If so, please specify which:

.....

How long has the company been in business?

Please outline below your products/services:

.....

Please list all branch offices with full address, postcode and telephone number. Please continue overleaf if required.

.....

.....

2. Sponsor

Name of Sponsor (SAIF Member if possible, though not compulsory)

Address

..... Post code Telephone No.

Signature..... SAIF Membership No.

3. Signature of Applicant(s)

1. Please print name).....
(Mr/Mrs/Miss/Ms/Other)

2. Please print name).....
(Mr/Mrs/Miss/Ms/Other)

3. Please print name).....
(Mr/Mrs/Miss/Ms/Other)

Date: