



Membership Category
Please tick one of the following

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

Company Details

Company Name.....

Head Office Address.....

.....Post Code.....

Tel:.....Fax:.....

Email:.....Website:.....

Is the applicant firm a member of any other professional association, if so please specify which:
.....How long has the company been in business?.....

How long have the owners/operating principals been practising funeral directors?
(if applicable)

Please indicate applicant(s)
training/qualifications:.....

Applicant(s) previous
employers:.....
(If current employment is less than 5 years)

Please list all branch offices/associated funeral firms with full address, postcode and telephone number:
.....
.....

Please continue overleaf, if required.

Name of Sponsor (Not compulsory)-----

Address-----

-----Post code-----Telephone No.-----

Signature-----SAIF Membership No.-----

Signature of Applicant (s)

- Please print name-----
(Mr/Mrs/Miss/Ms/other)
- Please print name-----
(Mr/Mrs/Miss/Ms/other)
- Please print name-----
(Mr/Mrs/Miss/Ms/other)

Date-----