



APPLICATION FOR IAFD ASSOCIATE MEMBERSHIP

(FORM CONSISTS OF 4 PAGES: NOS. 1 - 4)

Applicant Details:

Individual / Company/ Trading Name		
Address		
Tel. No.		
Fax Tel:		
Mobile(s):		
Email:		
Web Address: (If applicable)		
Year of Establishment of Business:		
Owners / Shareholders:	1:	2:
	3:	4:
Nominated Representative(s)	1:	2:
Address(es) If different from above		

To assist the IAFD in considering this application, please provide the following information:

Has the applicant (if a sole trader), or any of them (if a partnership) or any director or manager of the applicant (if a company) ever been the subject matter of a complaint to any professional body, trade association, trading standards body or any statutory body? If yes, please provide brief details below.

d) Have you any criminal convictions? ____ No / ____ Yes (Please tick)

If yes, IAFD will contact you for details (in confidence)

e) Have you ever been declared bankrupt? ____ No / ____ Yes (Please tick)

1. POLICIES IN RELATION TO ASSOCIATE MEMBERSHIP APPLICATION

- The proposer and seconder of the applicant (**Must be full members of IAFD**)
- Each applicant must pay the annual subscription

2. IAFD ASSOCIATE MEMBERSHIP OBLIGATIONS

- Any change in a member's ownership status, e.g. sole trader to become a partnership or be the subject of a merger or takeover must be notified to the Association and the Association reserves the right to require a fresh application if it considers that the 'entity' has materially changed.
- I/We shall make fair charges for our services and merchandise
- All our advertising shall be dignified and factual and in accordance with the highest standards
- I/We agree, if accepted as an IAFD ASSOCIATE, to observe and be bound by the Rules, Regulations and Bye Laws of the Irish Association of Funeral Directors now in force or which may be brought into force during my/our membership
- I/We understand that the IAFD reserves the right to decline membership application without stating the reason(s)
- In the event of cessation of membership, I/We agree not to use any logos or insignia of the Association and to return my/our Certificate of Membership
- I/We enclose a Cheque for €_____ payable to IAFD
- I/We understand that if this application is NOT successful, the monies will be returned

Applicant Signature: _____

Position: _____ Date: _____

Declaration by Sponsors (Two Current IAFD Full Members)

Proposer and Seconder to complete the following sections and sign where appropriate:

We, being (full) members of the Association, certify that, to the best of our knowledge and belief, the particulars provided by the Applicant on this form are correct.

We further declare that the Applicant has done nothing which would reflect adversely on the Association if granted membership.

We recommend the Applicant is considered for membership of the Association, subject to the Applicant accepting and abiding by the Policies and Obligations detailed above.

Proposer Details:

Surname		First Name(s)	
Address			
Home Tel		Work Tel	
Email Address		Mobile	
Company Name:			
Signature:		Date	
Position			

Seconder Details:

Surname		First Name(s)	
Address			
Home Tel		Work Tel	
Email Address		Mobile	
Company Name:			
Signature:		Date	
Position			

**Please forward completed form to:
Irish Association of Funeral Directors, (IAFD),
Mespil House,
Mespil Business Centre,
Sussex Road,
Dublin 4.**

Or

**The Mount Business Centre,
2 Woodstock Link,
Belfast BT6 8DD.**

**Irish Association of Funeral Directors will advise Applicant regarding the outcome of the Application
(following Board consideration)**

FOR OFFICE USE ONLY:

Application Received – Date:

	Yes	No	Details / Status
All relevant sections completed			
Cheque Enclosed			
Further Queries			

Signed by: (IAFD Membership Officer) _____

Date: _____