

2016
TEXAS FUNERAL DIRECTORS ASSOCIATION
STUDENT MEMBERSHIP APPLICATION

Name of Student: _____

Please Print Clearly

Address: _____

_____ city state zip code

Permanent Address After Graduation:

_____ city state zip code

Phone: (_____) _____

Email: _____

Mortuary College Attending: _____

Anticipated date of Graduation: _____
month & year

Do you have a position in funeral service following graduation? Yes No

If yes, please provide name and address of funeral home:

Signature of School Official

School Seal

Date

Student Membership. Prospective **Texas** licensees presently enrolled on a full-time basis in a college or curriculum of mortuary science accredited by the American Board of Funeral Service Education may be eligible for Student Membership during the period in which they are so enrolled. Student members shall be accorded all rights and privileges available to the Association, except the right to vote and to hold office in the Association.