



The Virginia Morticians' Association, Incorporated

Office of the General Secretary

P.O. Box 461 ▪ McKenney, Virginia 23872

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—VMA Membership Renewal Application—

Name _____

Mailing Address _____

Street Address _____

City, State and Zip Code _____

Email Address _____

Firm Name _____

Firm Address (if different from mailing address above) _____

Business Telephone Number _____ Business Fax Number _____

Home Telephone Number _____

Do you currently hold an active, non-restricted, Virginia Funeral Service, Embalmers or Funeral Directors License? _____ Yes _____ No

Type of License _____ License Number _____

District Association Membership (if none, so state) _____

Indicate Below The Membership Type You Are Requesting By Marking an X:

Cost of Membership Dues

_____ VMA Membership Dues for 2017-2018	\$200.00
_____ VMA for 2017-2018 and NFD&MA Membership for 2018	\$550.00
_____ VMA Lifetime Member Dues for 2017-2018	\$100.00
_____ VMA Lifetime Member Dues and NFDMA Membership for 2018	\$450.00

The undersigned, hereby makes application for membership in the Virginia Mortician's Association, Incorporated. The applicant understands that upon approval by the VMA Board they agree to be governed by the Constitution and By-Laws of the Virginia Morticians' Association, Incorporated.

Signature (Required) _____

Date _____