



*The Virginia Morticians' Association, Incorporated*

Office of the General Secretary  
P.O. Box 461 ▪ McKenney, Virginia 23872  
Phone: 804-469-9544 Fax: 804-469-9545  
Email: vmainc@msn.com



**—VMA Membership 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) \_\_\_\_\_

**\*\*You must be endorsed by two VMA members in good financial standing\*\***

\_\_\_\_\_  
Endorser

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Endorser

\_\_\_\_\_  
License Number

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

**Cost of Membership Dues**

\_\_\_\_\_ VMA Membership Dues for 2018-2019 \$200.00

\_\_\_\_\_ VMA Dues for 2018-2019 and NFDMA Membership for 2019 \$550.00

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