



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



2019-2020 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 _____ Cell Phone 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 _____

Cost of Membership Dues

– Indicate Below The Membership Type You Are Requesting –

_____ VMA Membership Dues for 2019-2020 \$200.00

_____ VMA Dues for 2019-2020 and NFDMA Membership for 2020 \$600.00

_____ VMA Life Member/Honorary Member Dues for 2019-2020 N/C

_____ VMA Life/Honorary Member Dues and NFDMA Membership for 2020 \$400.00

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 _____