

THE AMERICAN SOCIETY OF EMBALMERS

P.O. Box 0685
Forest Park, IL 60130-0685
(800) 728-9185
FAX (800) 815-6610
www.amsocembalmers.org

APPLICATION FOR MEMBERSHIP

NAME _____

FIRM NAME (if applicable) _____

PREFERRED MAIL ADDRESS:
STREET ADDRESS/CITY/STATE/ZIP _____

HOME PHONE # _____ **WORK PHONE#** _____

FAX PHONE # _____ **EMAIL ADDRESS** _____

DO YOU CURRENTLY ACTIVELY PRACTICE EMBALMING? _____ **Yes** _____ **No**

OTHER FUNERAL SERVICE ORGANIZATION MEMBERSHIPS: _____

DO YOU WANT YOUR NAME INCLUDED ON A MEMBERSHIP LIST AVAILABLE TO OTHER MEMBERS? **YES** _____ **NO** _____

HAS YOUR LICENSE TO PRACTICE EMBALMING EVER BEEN DISCIPLINED? _____ **yes**
(please explain)

I, the undersigned state that the above information is correct. I also understand that renewal is contingent upon showing evidence of completing 3 hours of continuing education units and submitting the annual renewal fee.

Applicant Signature/Date

Individual Membership (Embalming licensees: current, retired, and non-practice, Apprentice/Interns)****all memberships renew January 01.**
Application Fee/1ST YEARS DUES \$75.00 - Annual renewal \$45.00

PLEASE INCLUDE THE FOLLOWING AND MAIL TO THE ABOVE ADDRESS::
A COPY OF YOUR CURRENT LICENSE TO PRACTICE EMBALMING AND/OR FUNERAL DIRECTORING

(For retirees and non-practice applicants please send proof of original licensure, for apprentice/interns please send the appropriate license from your state board)

THIS Application, YOUR CHECK or you can join online and pay with a credit card at www.amsocembalmers.org

NOTE: Dues paid to the American Society of Embalmers are not deductible as a charitable expense. Your dues can, however, be deducted as an ordinary and necessary business expense.