

American Society of Embalmers
PO Box 685
Forest Park, IL 60130
(800) 728-9185
www.amsocembalmers.org

Application for Student Membership

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mortuary School: _____ Date of Graduation: _____

Are you currently working at or for a funeral home: _____ Name: _____

Dues are \$25.00 for the duration of your enrollment in mortuary school. Your student membership will expire on the date of your graduation. When you begin your apprenticeship/internship you can convert to a regular membership for the current renewal fee and will have full membership privileges.

Your membership entitles you to access to the member's only section and requests for reprints of articles. You have no voting rights as a student member.

Mortuary School Administrator (Print): _____

Signature: _____

Please send your check made out to the American Society of Embalmers to the address above.

Signature: _____ Date: _____