

THE AMERICAN SOCIETY OF EMBALMERS

**P.O. Box 0685
Forest Park, IL 60130-0685
(800) 728-9185
FAX (708) 488-9186**

**MEMBERSHIP Renewal
(Please confirm your personal information)**

NAME _____

FIRM NAME (if applicable) _____

STREET ADDRESS/CITY/STATE/ZIP _____

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

FAX PHONE # _____ **EMAILADDRESS** _____

Are you a Certified Funeral Service Practitioner (CFSP)? _____

**Membership renewal is dependent upon completing 3 hours of continuing education.
If you have not completed this requirement please contact the Executive Director of ASE at
(800) 728-9185.**

**I, hereby certify that I have completed the required 3 hours of continuing
education as outlined in the original application for membership.**

Signature/Date

Please send this form and your check for \$45.00 to ASE at the address above.