



Oklahoma Funeral Directors Association

2026 Membership Dues Notice

Primary Member Name: _____

Funeral Home: _____

Address: _____

Phone: _____ E-mail: _____

***Please List All Employees and E-mails**

Regular Plan Dues

This membership includes dues for your funeral home (one physical location), one OKFDA voting membership (name listed on application), subscription to the OKLAHOMA DIRECTOR MAGAZINE, and one hour of legal consultation with our general counsel.

Annual Case
Volume

Before
December 31, 2025

After
December 31, 2025

TOTAL

0-99
100-199
200-299
300-399
400-499
500+

\$355.00
\$710.00
\$1115.00
\$1310.00
\$1480.00
\$1655.00

\$425.00
\$770.00
\$1165.00
\$1355.00
\$1525.00
\$1690.00

\$ _____

Active Professional

This membership is available to all licensed employees. This membership is NOT available to principal owners, FDIC, or managers of the establishment. This membership includes one OKFDA vote and a subscription to the OKLAHOMA DIRECTOR MAGAZINE.

\$130.00

\$140.00

\$ _____

Non-Active (Retired or Out of State)

This membership is available to all licensees not currently working in a funeral home in Oklahoma or anyone residing outside of the state. This membership includes a subscription to the OKLAHOMA DIRECTOR MAGAZINE. **This is a non-voting membership.**

\$65.00

\$75.00

\$ _____

Limited Licensed Establishment (Embalming Service)

This membership is available to Embalming Establishments. This membership includes one Vote, and a subscription to the OKLAHOMA DIRECTOR MAGAZINE. One hour of legal consultation with our legal counsel.

\$430.00

\$485.00

\$ _____

Student

This membership is available to all enrolled mortuary students. This membership includes a subscription to the OKLAHOMA DIRECTOR MAGAZINE. **This is a non-voting membership.**

\$15.00

\$30.00

VOLUNTARY CONTRIBUTIONS

Oklahoma Funeral Directors' Scholarship Fund (recommended \$50)

Legislative Fund (recommended \$50)

Disaster Fund (recommended \$50)

Additional **Oklahoma Director Magazine** (\$35.00 each subscription, please include name & address)

\$ _____

\$ _____

\$ _____

\$ _____

TOTAL:.....

\$ _____

CREDIT CARD

Name on Card (if different from above): _____

Card Number: _____ Exp: _____ CVC: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MISSION STATEMENT

The Oklahoma Funeral Directors Association enhances and cultivates the funeral service profession.

NOTICE REGARDING TAX DEDUCTIBILITY OF OKFDA DUES

Generally, funeral homes that pay OKFDA dues are able to deduct 100% of those dues as ordinary business expenses for federal tax purposes, but due to the Budget Revenue Reconciliation Act of 1993 (the "Act"), any dues revenues utilized by a professional or trade association for lobbying purposes cannot be deducted by a member who paid dues. In accordance with the Act, the Oklahoma Funeral Directors Association is hereby notifying its members that it estimates that 1.80% of your 2025 dues will not be deductible as ordinary business expenses for federal tax purposes. This estimate is to be utilized by OKFDA members in determining what portion of their dues are deductible. Please provide a copy of this notice to your accountant and/or tax preparer.

CODE OF CONDUCT

It is understood and agreed that members in OKFDA is conditioned upon adherence to the Constitution, By Laws, and Code of Professional Conduct. Violation of any of these may results in disciplinary measures imposed by OKFDA including, but not limited to, expulsion from membership.

PLEASE LIST ALL LICENSED STAFF & THEIR EMAIL WORKING IN YOUR FUNERAL HOME

1. _____ E-Mail _____
2. _____ E-Mail _____
3. _____ E-Mail _____
4. _____ E-Mail _____
5. _____ E-Mail _____
6. _____ E-Mail _____

RETURN FORM TO:

Oklahoma Funeral Directors Association
6801 N. Broadway Ext Suite 212
Oklahoma City, OK 73116
405-843-0730 • 405-479-8485 • info@okfda.com

Additional Subscriptions to the OKLAHOMA DIRECTOR magazine.

Name: _____
Address: _____ State: _____ Zip Code: _____

I understand that by providing our mailing address, e-mail, phone number, and fax number, we consent to receive communications sent by or on behalf of the Oklahoma Funeral Directors Association (OKFDA).

☐ Please check here if you DO NOT wish to receive communications from or on behalf of OKFDA.

Signature: _____ Date: _____

Office Use Only

Date Received by OKFDA: _____ Check # _____ CC: _____ Receipt # _____