



## Application for Membership of the Independent Funeral Directors College

Full Name: Mr/Mrs/Miss/Ms	
Address:	
	Post Code:
Home/Business Telephone:	
Mobile Telephone:	

I enclose a cheque for £30.00 made payable to the IFD College/I have made payment by BACS to the Independent Funeral Directors College Ltd (bank details below) on .....(date)	
Bank Account No: 94642362	Reference: 'Your Name'
Bank Sort Code: 60-04-24	
This payment covers the period from 1 <sup>st</sup> November 2016 to 31 <sup>st</sup> October 2017 and will be reviewed in subsequent years	

I can confirm that I hold the following relevant qualification:		
Qualification:	Date Achieved:	
IFD College: Cert. FP		Qualification will be confirmed by IFDC
NAFD Diploma		Please provide copy of certificate
BIFD Diploma		Please provide copy of certificate

I understand that membership will cease on 31st October 2017 unless I complete 12 hours of Continuing Professional Development	
I confirm that should my Membership be terminated by the College I will return my Certificate and cease using the letters MIFDC after my name	
I understand that Membership may be refused/terminated should the Governors decide that my actions could bring the College, or the profession, into disrepute.	
Signature:	Date:

Please forward the completed application to: IFD College, SAIF Business Centre, 3a Bullfields, Sawbridgeworth, Herts CM21 9DB