



Membership Category

Please tick one of the following

Full Overseas

Membership Application Form

The National Society of Allied and Independent Funeral Directors.

Company Details

Company name	
Head office address	
Postcode	
Telephone number	
Email address	
Website address	

Applicant details

Is the applicant firm a member of any other professional association? Please specify:	
How long has the company been in business?	
How long have the owners/ operating principals been practicing funeral directors? (If applicable)	
Please give applicant(s) training/qualifications	
Applicant(s) previous employers (If current employment is less than 5 years)	

Branches

Please list all branch offices/associated funeral firms with full address, postcode and telephone number:
(Please continue overleaf if required.)

Sponsor (not compulsory)

Sponsor name	
Head office address	
SAIF Membership No.	
Signature	

Signature of applicant(s)

	Please print name
	Mr/Mrs/Miss/Other
	Mr/Mrs/Miss/Other
	Mr/Mrs/Miss/Other

Date: