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| Application for Membership of the Independent Funeral Directors College | | | |
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| Full Name: Mr/Mrs/Miss/Ms | | | |
| Address: | | | |
|  | | | |
|  | | Post Code: | |
| Home/Business Telephone: | | | |
| Mobile Telephone: | | | |
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| 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  Bank Sort Code: 60-04-24 Reference: ‘Your Name’ | | | |
| This payment covers the period to 31st October 2018 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 |

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| I understand that membership will cease on 31st October 2018 unless I complete 12 hours of Continuing Professional Development (pro-rata if join part way through the year) | |
| 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