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| Application for Membership of the Independent Funeral Directors College |
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| Full Name: Mr/Mrs/Miss/Ms |
| Address: |
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|  | 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: 94642362Bank Sort Code: 60-04-24 Reference: ‘Your Name’ |
| This payment covers the period to 31st October 2018 and will be reviewed in subsequent years  |
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| I can confirm that I hold the following relevant qualification: |
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| 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