



SELECTED
Independent
FUNERAL HOMES®
Member by Invitation

BRANCH FORM

FIRM NAME _____ **CITY/STATE** _____

OWNER'S/MANAGER'S NAME(S) _____

BRANCH(ES)

Name _____

Address _____

City _____ **State** _____

Zip Code _____ **email** _____

Phone _____ **Fax** _____

Is the ownership the same? **Yes** **No**

If no, describe ownership _____

Name _____

Address _____

City _____ **State** _____

Zip Code _____ **email** _____

Phone _____ **Fax** _____

Is the ownership the same? **Yes** **No**

If no, describe ownership _____

Name _____

Address _____

City _____ **State** _____

Zip Code _____ **email** _____

Phone _____ **Fax** _____

Is the ownership the same? **Yes** **No**

If no, describe ownership _____

- ✦ A branch operation is a funeral service facility (complete/incomplete) operating at a different location than the main firm.
- ✦ To qualify for branch status, the main firm or its principals must own more than 50% of the branch facility in question.
- ✦ Branches are representative facilities and will be identified and listed in the membership roster.
- ✦ Please include a check for branch dues.
- ✦ Below is the schedule of branch facility dues for each volume category roster.

Total Annual Reported Volume of Main Firm and Branches	Annual Branch Facility Dues (per facility)
1. 100 calls or less	\$50.00
2. 101 to 200	\$50.00
3. 201 to 350	\$100.00
4. 351 to 600	\$150.00
5. 601 to 800	\$200.00
6. 801 to 1,000	\$200.00
7. Over 1,000	\$200.00

SIGNED _____

DATE _____