



Illinois Selected Morticians Association, Inc.

P.O. Box 178002 Chicago, IL 60617-0101

Phone: (773) 495-0566 Fax: (708) 8696137 or (773) 221-1165

Ethics - Honesty - Service

National Membership Application

Please complete and return this form with a \$75.00 none refundable application processing fee.

The undersigned hereby make application for membership in the Illinois Selected Morticians Association, Inc. and if accepted will abide by the constitution and by-law of said organization and do all in his/her power to uplift the profession. The undersigned also agree to pay an annual fee of \$500.00 Upon acceptance of your application you will be required to pay \$425. 00 balance. The annual fee entitles him/her to membership in the Illinois Selected Morticians Association, Inc., of the State of Illinois, and also entitles him/her to an affiliate membership with the National Funeral Directors and Morticians Association, Inc.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Illinois Funeral Director's License Number: _____

Business Establishment Connected With: _____

Business Address: _____

Business Phone _____ Fax: _____ Website: _____

Nearest Relative: _____ Relationship: _____
(Other then Spouse)

Marital Status: _____ Name of Spouse: _____

Church Affiliation: _____ College Degree: _____

Mortuary College: _____ Year: _____

Other Organization Affiliated With: _____

Signature of Applicant: _____ Date: _____

Recommended By: _____
(Must Be an ISMA Member)

Application received: _____ Date Paid: _____ Check No.: _____ Date Accepted: _____



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State Membership Application

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The undersigned hereby make application for membership in the Illinois Selected Morticians Association, Inc. and if accepted will abide by the constitution and by-law of said organization and do all in his/her power to uplift the profession. The undersigned also agree to pay an annual fee of \$150.00 Upon acceptance of your application you will be required to pay \$75. 00 balance. The annual fee entitles him/her to membership in the Illinois Selected Morticians Association, Inc., of the State of Illinois, local membership.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Illinois Funeral Director's License Number: _____

Business Establishment Connected With: _____

Business Address: _____

Business Phone _____ Fax: _____ Website: _____

Nearest Relative: _____ Relationship: _____

(Other then Spouse)

Marital Status: _____ Name of Spouse: _____

Church Affiliation: _____ College Degree: _____

Mortuary College: _____ Year: _____

Other Organization Affiliated With: _____

Signature of Applicant: _____ Date: _____

Recommended By: _____

(Must Be an ISMA Member)

Application received: _____ Date Paid: _____ Check No.: _____ Date Accepted: _____



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Intern Membership Application

Please complete and return this form with a \$75.00 none refundable application processing fee.

The undersigned hereby make application for membership in the Illinois Selected Morticians Association, Inc. and if accepted will abide by the constitution and by-law of said organization and do all in his/her power to uplift the profession. The undersigned also agree to pay an annual fee of \$100.00 Upon acceptance of your application you will be required to pay \$25. 00 balance. The annual fee entitles him/her to membership in the Illinois Selected Morticians Association, Inc., of the State of Illinois. Which entitles him/her to STATE MEMEBERSHIP for a year term.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Illinois Funeral Director's License Number: _____

Business Establishment Connected With: _____

Business Address: _____

Business Phone _____ Fax: _____ Website: _____

Nearest Relative: _____ Relationship: _____
(Other then Spouse)

Marital Status: _____ Name of Spouse: _____

Church Affiliation: _____ College Degree: _____

Mortuary College: _____ Year: _____

Other Organization Affiliated With: _____

Signature of Applicant: _____ Date: _____

Recommended By: _____
(Must Be an ISMA Member)

Application received: _____ Date Paid: _____ Check No.: _____ Date Accepted: _____



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Student Membership Application

Please complete and return this form with a \$25.00 none refundable application processing fee.

The undersigned hereby make application for membership in the Illinois Selected Morticians Association, Inc. and if accepted will abide by the constitution and by-law of said organization and do all in his/her power to uplift the profession. The undersigned also agree to pay an annual fee of \$50.00 Upon acceptance of your application you will be required to pay \$25. 00 balance. The annual fee entitles him/her to membership in the Illinois Selected Morticians Association, Inc., of the State of Illinois. Which entitles him/her to STATE MEMEBERSHIP for a year term while enrolled in an accredited program of MORTUARY SCIENCE.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ E-mail: _____

Illinois Funeral Director's License Number: _____

Business Establishment Connected With: _____

Business Address: _____

Business Phone _____ Fax: _____ Website: _____

Nearest Relative: _____ Relationship: _____

(Other then Spouse)

Marital Status: _____ Name of Spouse: _____

Church Affiliation: _____ College Degree: _____

Mortuary College: _____ Year: _____

Other Organization Affiliated With: _____

Signature of Applicant: _____ Date: _____

Recommended By: _____

(Must Be an ISMA Member)

Application received: _____ Date Paid: _____ Check No.: _____ Date Accepted: _____