



BECOME A MEMBER TODAY MEMBERSHIP BENEFITS:

- ➔ **Members-only Use of the Pre-Need Trust**
 - ➔ **MFD Foundation Scholarship**
 - ➔ **Educational Seminars**
 - ➔ **Legislative Representation**
 - ➔ **Networking Opportunities**
 - ➔ **Quarterly Newsletters**
 - ➔ **Access to Preferred Providers**
 - ➔ **Member Discounts to Events**
- AND MORE!**

P.O. Box 22584
Jackson, MS 39225
Phone: (601) 978-1920
Fax: (601) 978- 1950
MFDA@TenOneStrategy.com
www.MississippiFuneralDirectors.com

INSTRUCTIONS

REVIEW AND COMPLETE YOUR INVOICE

Each main establishment includes one voting member. You may also add any number of branches, each of which includes one voting member as well. Two additional voting members may be added per establishment and branch. Unlimited non-voting members may also be added.

Please also be sure to complete the caseload section of the invoice. Caseload should include cremations, graveside services, and traditional funeral services performed for your own funeral home. The caseload **must** include both main establishments and branches, if applicable.

COMPLETE THE AFFILIATE MEMBERS & BRANCH ESTABLISHMENT WORKSHEET:

Please complete the Affiliate Member and Branch worksheet to provide information about who is authorized to vote on your firm's behalf.

NOTE: Per the MFDA bylaws, section IV, affiliate members "must be a full-time employee of the firm at the member establishment location listed on the application or renewal form."

COMPLETE A COMMITTEE INTEREST FORM:

Please take a moment to complete the committee interest form enclosed and return with your dues invoice and payment. MFDA encourages all members to participate in a committee so we can continue to bring innovative ideas to the organization. Please keep in mind that being a volunteer requires a serious commitment of time by the volunteer and his/her employer.

PREFERRED COMMUNICATIONS:

Let us know if you prefer email or text messaging. Opt in for SMS contact for updates.

Email _____ SMS _____

President

Greg Woodruff
Magnolia Funeral Home
Corinth, Mississippi

President-Elect

Shay Chedotal
Natchez Trace Funeral home
Madison, Mississippi

Vice President

David Brown
Brown Funeral Home
Gloster, Mississippi

Secretary-Treasurer

Troy Smith
Brantley Funeral Home
Olive Branch, Mississippi

Past President

Brett Moore
Moore Funeral Home
Hattiesburg, Mississippi

Northern District Governor

Ashley Bowlan
Coleman Funeral Home
Olive Branch, Mississippi

Northern District Governor

Trey Pipkin
Coleman Funeral Home
Southaven, Mississippi

Central District Governor

Tony Gilmer
Ott & Lee Funeral Home
Brandon, Mississippi

Central District Governor

Robert Clint Walker
Robert Barham Funeral Home
Meridian, Mississippi

Southern District Governor

Joel Hernandez
Freeman Funeral Home
Waynesboro, Mississippi

Southern District Governor

Sharrod Denmark
Jones & Sons Funeral Home
Richton, Mississippi

NFDA State Rep

Lee Murphy
Brantley Funeral Home
Olive Branch, Mississippi



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2025 MEMBERSHIP FORM

Instructions

Please carefully fill in information below. Return this invoice with check or payment information, call the MFDA office to pay over the phone, or renew online at www.mississippifuneraldirectors.com.

Caseload Calculation

Caseload *is required* and must include direct cremations, traditional cremation services, graveside services, and traditional funeral services performed by your funeral home *and* all branches. This number should not include services your funeral home provides for another funeral home, such as removal and embalming and/or ship out or a cremation performed by your funeral home as a service for another funeral home. Caseloads may be estimated for the remainder of the year, or can be estimated on the prior 12 months. If you are unsure of your caseload, please contact the MFDA office and we will assist you.

Name: _____ License #: _____

Company: _____ Title: _____

Email: _____ Phone: _____

Birthday: _____ Anniversary: _____ Spouse Name: _____

Quantity

<u>1</u>	Main Establishment/Headquarter	\$ <u>225</u>
_____	Branch Establishment (\$125 each)	\$ _____
_____	Additional Voting Members (\$125 each)	\$ _____
_____	Additional Non-Voting Members (\$50 each)	\$ _____
_____	Adult Caseloads (\$1.20 each) <i>required</i>	\$ _____
_____	Foundation Donation (optional)	\$ _____
_____	Student Scholarship Donation (optional)	\$ _____

OPT IN:

Total due by January 31, 2025

SMS (MFDA text updates) _____

Method of Payment:

Convenience fees may apply.

Check (made payable to MFDA) Visa Mastercard American Express Discover

_____ Credit Card Number _____ Security Code _____ Expiration Date _____

_____ Billing Address _____

_____ City _____ State _____ Zip Code _____

_____ Signature _____

2025 Dues Disclosure

Based on the review, MFDA determined that approximately 18% of 2025 dues is estimated to be spent in connection with our lobbying efforts and accordingly is nondeductible in accordance with section 6033(e)(1)(a) of the Internal Revenue Code.

2025 COMMITTEE INTEREST FORM

Name: _____

Company: _____

Address: _____ State: _____ Zip: _____

City: _____

Email: _____

Phone: _____ Fax: _____

Please complete the contact information above and check the box next to the committee(s) you are interested in participating in. Please return your completed form with your membership invoice or fax to the MFDA office, 601-957-5679, at your earliest convenience. There is no limit on the number of committees that you can sign up for. Information regarding committee activities, meetings, etc. are sent via email, so please be sure to include your email address above in order to receive committee information.

AUDIT

Chairman: Troy Smith, Wells Funeral Home
Phone: 662-563-5700 | Email: twsmith3@outlook.com

**EDUCATION &
SCHOLARSHIP**

Chairman: David Brown, Brown Funeral Home
Phone: 601-225-4201 | Email: d_brown9@yahoo.com

LEGISLATIVE

Chairman: David Brown, Brown Funeral Home
Phone: (601) 225-4201 | Email: d_brown9@yahoo.com
Vice-Chairman: Troy Smith, Wells Funeral Home
Phone: 662-563-5700 | Email: twsmith3@outlook.com

MEMBERSHIP

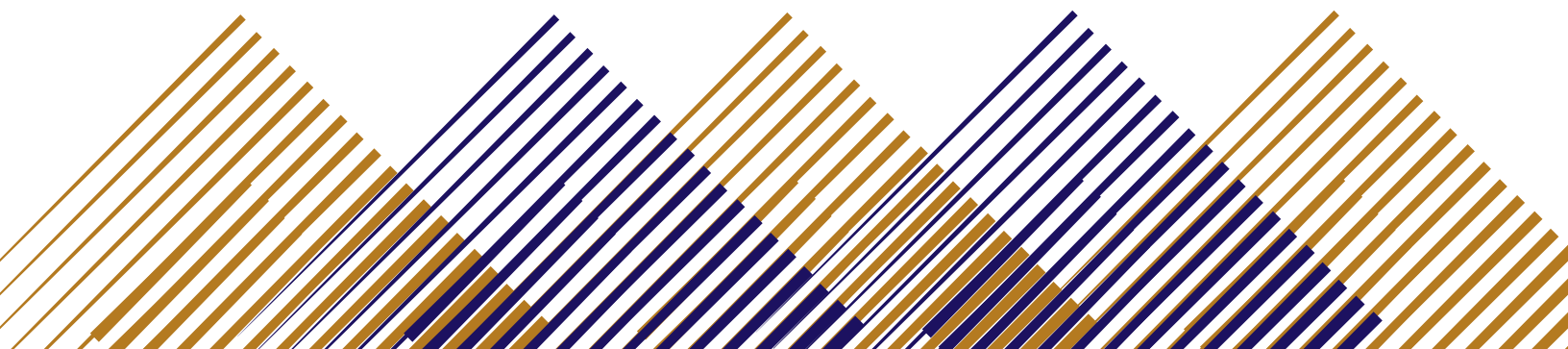
Chairman: Troy Smith, Wells Funeral Home
Phone: 662-563-5700 | Email: twsmith3@outlook.com

**MORTUARY
RESPONSE**

Chairman: Shay Chedotal, Natchez Trace Funeral Home
Phone: 601-898-8565 | Email: shay@natcheztracefuneralhome.com
Vice-Chairman: Troy Smith, Wells Funeral Home
Phone: 662-563-5700 | Email: twsmith3@outlook.com

PERSONNEL

Chairman: Shay Chedotal, Natchez Trace Funeral Home
Phone: 601-898-8565 | Email: shay@natcheztracefuneralhome.com
Vice-Chairman: Troy Smith, Wells Funeral Home
Phone: 662-563-5700 | Email: twsmith3@outlook.com



AFFILIATE MEMBERS

Complete the "Affiliate Members" form with additional/updated information.

Voting Members = \$125 each | Non-Voting Members = \$50 each

Delete - Employees no longer affiliated with the company

**List all licensees affiliated with this firm not included on the previous page. (Make additional copies as needed)*

Voting Member Name: _____ License #: _____

Non-Voting Member Company: _____ Title: _____

Delete Email: _____ Phone: _____

Corrections Birthday: _____ Anniversary: _____ Spouse Name: _____

Voting Member Name: _____ License #: _____

Non-Voting Member Company: _____ Title: _____

Delete Email: _____ Phone: _____

Corrections Birthday: _____ Anniversary: _____ Spouse Name: _____

Voting Member Name: _____ License #: _____

Non-Voting Member Company: _____ Title: _____

Delete Email: _____ Phone: _____

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Non-Voting Member Company: _____ Title: _____

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Corrections Birthday: _____ Anniversary: _____ Spouse Name: _____

Voting Member Name: _____ License #: _____

Non-Voting Member Company: _____ Title: _____

Delete Email: _____ Phone: _____

Corrections Birthday: _____ Anniversary: _____ Spouse Name: _____

Voting Member Name: _____ License #: _____

Non-Voting Member Company: _____ Title: _____

Delete Email: _____ Phone: _____

Corrections Birthday: _____ Anniversary: _____ Spouse Name: _____

BRANCH ESTABLISHMENTS

Add branches of the Main Establishment for \$125 each, plus annual caseloads.

There is no branch number limit. Separate Main Establishments should have stand-alone Main Establishment memberships and dues.

Name of Branch: _____ Funeral Est. License #: _____

Licensee in Charge: _____ Licensee #: _____ Email: _____

Branch Mailing Address: _____ City: _____ State: _____ Zip: _____

Branch Physical Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Districts (Choose One) Northern District Central District Southern District

Name of Branch: _____ Funeral Est. License #: _____

Licensee in Charge: _____ Licensee #: _____ Email: _____

Branch Mailing Address: _____ City: _____ State: _____ Zip: _____

Branch Physical Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Districts (Choose One) Northern District Central District Southern District

Name of Branch: _____ Funeral Est. License #: _____

Licensee in Charge: _____ Licensee #: _____ Email: _____

Branch Mailing Address: _____ City: _____ State: _____ Zip: _____

Branch Physical Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Districts (Choose One) Northern District Central District Southern District

Name of Branch: _____ Funeral Est. License #: _____

Licensee in Charge: _____ Licensee #: _____ Email: _____

Branch Mailing Address: _____ City: _____ State: _____ Zip: _____

Branch Physical Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Districts (Choose One) Northern District Central District Southern District

Name of Branch: _____ Funeral Est. License #: _____

Licensee in Charge: _____ Licensee #: _____ Email: _____

Branch Mailing Address: _____ City: _____ State: _____ Zip: _____

Branch Physical Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Fax: _____

Districts (Choose One) Northern District Central District Southern District