

SOUTH CAROLINA MORTICIANS ASSOCIATION, INC.



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Membership Application

Membership Year 2021-2022

Renewal

New Member

Choose One: Funeral Director/Embalmer Student Apprentice Funeral Director/Embalmer

State and National Membership Form

Please Note: A copy of the Membership Form must accompany payment.

Title Preference (circle) Mr. Ms. Mrs. Rev. Dr. Other _____

Name _____

Mailing Address _____

City/State/Zip _____

Telephones Home: _____ Cell: _____ Office: _____ Fax: _____

Email Address _____

*Funeral Director/Embalmer Information

Membership Fee: \$200 State; \$400 National;

District Dues \$ _____: Must Be Submitted Directly to Local District

*Member of District # _____ Yes No If yes, Position _____

Funeral Home Affiliation _____

Funeral Home Address _____

City/State/Zip _____

Funeral Home Telephone: _____ Funeral Home Fax: _____

Embalmer's License# _____ Funeral Director's License# _____

Funeral Home Owner: Yes No

Total Amount Enclosed \$ _____

3/14/21