



**OFFICIAL REGISTRATION**  
**SOUTH CAROLINA MORTICIANS ASSOCIATION, INC.**



97th Annual State Convention  
 May 15-17, 2023  
 The Double Tree by Hilton  
 2100 Bush River Rd. - Columbia, SC 29210

**Pre-Registration Form**

**Deadline: March 31, 2023**

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Office) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email Address: \_\_\_\_\_

Member of District: \_\_\_\_\_ District Officer: Yes \_\_\_\_\_ No \_\_\_\_\_ Position: \_\_\_\_\_

Funeral Home Affiliation: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Funeral Home Owner: Yes \_\_\_\_\_ No \_\_\_\_\_

Funeral Director/Embalmer License # \_\_\_\_\_

Funeral Director Apprentice: \_\_\_\_\_ Embalmer Apprentice: \_\_\_\_\_

Student \_\_\_\_\_ School Affiliation \_\_\_\_\_

**Registration Category Fees:**

*Full Registration - Includes Receptions, Seminars, Exhibits, Lunches & Awards Banquet*

\_\_\_\_\_ SCMA Member or Spouse @ \$200.00 (Pre-Registration)

\_\_\_\_\_ **On-Site Member or Spouse @\$225.00 (Cash only)**

\_\_\_\_\_ SCMA Affiliate Member @ \$175.00 (Non-exhibiting vendor)

\_\_\_\_\_ *Non-Member Affiliate @ \$275.00 (Non-exhibiting vendor)*

\_\_\_\_\_ *Non-Member Fun. Dir. Embalmer @ \$300.00 (Pre-Registration) or \$350.00 On Site*

\_\_\_\_\_ *Non-Member Fun. Dir. Embalmer: One Day Only @ \$175.00 (CEU, Lunch & Exhibits): \_\_\_\_\_ \$75.00 Lunch Only*

\_\_\_\_\_ *Student @ \$50.00 (If attending Meal Functions)*

\_\_\_\_\_ **TOTAL**

|  |                             |                       |
|--|-----------------------------|-----------------------|
| PLEASE CHECK IF ATTENDING <i>(for planning purposes)</i> |                             |                       |
| _____ Tuesday's Exhibitors' Showcase & Lunch*            | _____ President's Luncheon* | _____ Awards Banquet* |

\*Ticket Required

**Additional Ticket(s) May be Purchased for the Following Functions: (All fees non-refundable)**

\_\_\_\_\_ Tues. or Wed. Lunch @ \$35.00 Each    \_\_\_\_\_ Awards Banquet @ \$75.00 Each

|  |
|--|
| Method of payment: Check#/Cashier's Check#/Money Order# _____ Total Amount Enclosed: \$ _____ (Payable to SCMA, Inc) |
| PayPal -- See Website: <a href="http://www.scmorticians.org/scadsocinc@gm">www.scmorticians.org/scadsocinc@gm</a>    |

***Please advise of any allergies or special accommodations needed.***

**Return Form & Registration Fees to: South Carolina Morticians Association, Inc**

**Post Office Box 1013**

**Laurens, SC 29360**

\_\_\_\_\_ Permission is given to share appropriate contact information with vendors/suppliers & other conference participants.

\_\_\_\_\_ Permission is given to be photographed and photo published on website and in newsletter.

**\*\*By attending, I agree to release South Carolina Morticians Association, Inc., from any and all liability for exposure or harm due to Covid-19.\*\***

# SOUTH CAROLINA MORTICIANS ASSOCIATION, INC.



Member NFDMA, Inc.

Post Office Box 1013, Laurens, SC 29360  
(803) 923-1024 (Mobile)

Web: [www.scmorticians.com](http://www.scmorticians.com) • Email: [carolynbshortt@yahoo.com](mailto:carolynbshortt@yahoo.com)

## Membership Application

**Membership Year 2023-2024**

**Renewal**

**New Member**

**Choose One:**

Funeral Director/Embalmer

Student

Apprentice Funeral Director/Embalmer

### **Local, State and National Membership Form**

**Please Note:** Must pay State and National Dues as mandated by SCMA, Inc., Constitution and Bylaws.

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

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephones Home: \_\_\_\_\_ Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address \_\_\_\_\_

\*Funeral Director/Embalmer Information

**Membership Fee: \$200 State; \$400 National; District Dues \$ \_\_\_\_\_**

\*Member of District # \_\_\_\_\_  Yes  No If yes, Position \_\_\_\_\_

Funeral Home Affiliation \_\_\_\_\_

Funeral Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Funeral Home Telephone: \_\_\_\_\_ Funeral Home Fax: \_\_\_\_\_

Embalmer# \_\_\_\_\_ Funeral Director's License# \_\_\_\_\_

Funeral Home Owner:  Yes  No

Method of payment: Check#/Cashier's Check#/Money Order# \_\_\_\_\_ Total Amount Enclosed: \$ \_\_\_\_\_ (Payable to SCMA, Inc)

PayPal -- See Website: [www.scmorticians.org/scadsocinc@gm](http://www.scmorticians.org/scadsocinc@gm)

**\*\*Student Information (Students Only)**

**Student Fee: First year, \$25 State Dues; Thereafter, \$50, until Apprentice (\$50 fee includes state and national dues.) District Dues: \$\_\_\_\_\_**

\*\*Mortuary School: \_\_\_\_\_ Anticipated Graduation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ School Tele \_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**\*\*\* Apprentice Information (Apprentice Only)**

**Apprentice Fee: First year, \$100; Thereafter, \$150, until licensed (Second Year includes \$75 national dues.) District Dues: \$\_\_\_\_\_**

\*\*\*Funeral Home Affiliation: \_\_\_\_\_

Funeral Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Apprenticeship Period: \_\_\_\_\_

Supervising Funeral Director/Embalmer: \_\_\_\_\_

**Total Amount Enclosed: \$\_\_\_\_\_**

*Note: This Form is to be used for reporting your National, State and District Dues Only.*

**District Dues**

|            |         |            |         |
|------------|---------|------------|---------|
| District 1 | \$50.00 | District 2 | \$50.00 |
| District 3 | \$50.00 | District 4 | \$50.00 |
| District 5 | \$45.00 | District 6 | \$60.00 |

Please make checks/money orders payable to: **SCMA, Inc.**

Remit to: **SCMA, Inc.  
Post Office Box 1013  
Laurens, SC 29360**

*Our Mission*

To assist our members in furthering their funeral service knowledge through continuing education, to provide a professional environment for networking with other members of the funeral service industry, to provide a dignified ethical service when loved ones have been entrusted to our care, and to insure the safety and protection of our communities by caring for the living.