

THE AMERICAN SOCIETY OF EMBALMERS  
P.O. Box 0685  
Forest Park, IL 60130-0685  
(800) 728-9185  
FAX (800) 815-6610

APPLICATION FOR MEMBERSHIP

NAME \_\_\_\_\_

**FIRM NAME (if applicable)** \_\_\_\_\_

STREET ADDRESS/CITY/STATE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

FAX PHONE # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STATE/S OF LICENSURE/license # \_\_\_\_\_

Do you currently actively practice embalming? \_\_\_\_ Yes \_\_\_\_ No

OTHER FUNERAL SERVICE ORGANIZATION MEMBERSHIPS:

\_\_\_\_\_

DO YOU WANT YOUR NAME INCLUDED ON A MEMBERSHIP LIST  
AVAILABLE TO OTHER MEMBERS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your license ever been disciplined? \_\_\_\_no \_\_\_\_yes (please explain)

\_\_\_\_\_

I, the undersigned state that the above information is correct. I also understand that renewal is contingent upon showing evidence of completing 3 hours of continuing education units and submitting the annual renewal fee.

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Applicant Signature/Date

## American Society of Embalmers Application

Name of Applicant \_\_\_\_\_

### YEARLY MEMBERSHIP YOU ARE APPLYING FOR:

- ☐ Individual Membership Application Fee \$75.00 includes 1<sup>st</sup> year dues  
annual renewal \$35.00
  
- ☐ Associate Membership \$150.00 per year  
(Open to chemical companies, professional publications, mortuary  
schools, other associations, and casket & vault companies)

**NOTE:** Dues paid to the American Society of Embalmers are not deductible as a charitable expense. Your dues can, however, be deducted as an ordinary and necessary business expense.

PLEASE INCLUDE A COPY OF YOUR CURRENT LICENSE TO PRACTICE  
EMBALMING/FUNERAL DIRECTORING, THIS APPLICATION (BOTH PAGES), YOUR CHECK.  
AND MAIL TO:

**THE AMERICAN SOCIETY OF EMBALMERS  
P. O. Box 0685  
FOREST PARK, IL 60130-0685**

For additional information or questions please call:

Melissa Johnson Williams, CFSP  
Executive Director  
(800) 728-9185  
FAX (800) 815-6610