



# Arkansas Funeral Directors Association Sales Club Application

Applications Due: February 29, 2012

### Contact Info:

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact 1 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 3 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 4 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 5 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 6 Name: \_\_\_\_\_ Email: \_\_\_\_\_

Products/Services Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sales Club Membership      \$1000**

**Please provide AFDA with a high resolution logo for  
correspondence and signage at the association events.**

### Method of Payment

Check       MasterCard       Visa       American Express      **TOTAL:\$ \_\_\_\_\_**

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Exp. date      CV2

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

\_\_\_\_\_  
Name on Credit Card

\_\_\_\_\_  
Signature

**Remit Payment to: AFDA 1020 West 4th Street, Ste. 400, Little Rock, AR 72201**