



**IRISH ASSOCIATION OF
FUNERAL DIRECTORS**
*Promoting Excellence
in Funeral Services*
© Logo - Registered Trademark

Application for Full Membership

(FORM CONSISTS OF 8 PAGES – Numbered 1 - 8)

APPLICANT DETAILS:	
Surname* Company Name Trading Name	
*First Name (s)	
Address(s)	
“ ”	
Work Tel	
Home Tel	
Fax Tel:	
Mobile(s):	
Email:	
Web Address: (If applicable)	
Trading / Company Name:	
Year of Establishment:	
Owners / Shareholders:	1: 2:
“ ” “ ”	3: 4:
Nominated Representative(s)	1: 2:

TO BE COMPLETED BY THE APPLICANT

Principle Place of Business

Please tick the relevant boxes below and/or enter numbers:

<u>PREMISES</u>	<u>APPLICANT</u>	<u>PROVIDED BY ANOTHER IAFD MEMBER**</u> See P.8	<u>PROVIDED BY NON-MEMBER**</u> See P.8
Office			
Funeral Home(s)			
(If more than one: Enter number and complete Form B) 'Member – Other Funeral Home Details' – one per premises)	No.		
Private Residence (If place of business)			
Other Business Premises (If other, provide details)			

FACILITIES AVAILABLE

Embalming Room			
Coffin Display Room			
Service Room			
Viewing Room(s)*			

VEHICLES - Enter number of vehicles

Hearse (s)			
Limousine (s)			
Removal Vehicle (s)			

ADMINISTRATION

Comments:

Client Terms and Conditions (Attach copy)
Funeral Arrangement Form (Attach copy)
Embalming Certificate (Attach specimen copy of Cert. from Professionally Qualified Embalmer)
Invoice documents (Attach specimens)
Vehicle Check Sheets (Attach copy)

HEALTH & SAFETY	PLEASE CIRCLE / TICK AS APPROPRIATE		ARE COPIES AVAILABLE UPON REQUEST?	
Does your company have a Safety Statement?	YES	NO	YES	NO
Does your company have risk assessments for the tasks carried out?	YES	NO	YES	NO
Hazardous Waste - Disposal Arrangements	N/A	Yes	If Yes – Details:	

EMBALMING	PLEASE TICK	NAME AND QUALIFICATION
<i>State Name and Qualification of Embalmer</i>		
Own Qualified Embalmer		
Qualified Trade Embalmer		
Other Arrangements	Please describe:	

APPLICANT DECLARATIONS:

a) During the previous 3 years has the member (if a sole trader), or any of them (if a partnership) or any director or manager of the applicant (if a company) been the subject matter of a complaint to any professional body, trade association, trading standards body or any statutory body? If yes, please provide brief details below.

b) Have you any criminal convictions? No / Yes (Please tick)

If yes, IAFD will contact you for details (in confidence)

c) Have you ever been declared bankrupt? No / Yes (Please tick)

*d) Number of years have you been in funeral service, as a Sole Trader, Partnership or Limited Company?

____ Years. (Please enter number)

*e) Number of funerals you as a Sole Trader, Partnership or Limited Company have conducted in each of the last four years. Yr. 1 ____ Yr.2 ____ Yr.3 ____ Yr. 4 ____ (Please complete)

MEMBERSHIP OBLIGATIONS

- i) In the event of a member rebranding an existing funeral home/funeral business then the said rebranded trading entity will be deemed as a "Non-member" and a new Membership application in respect of the said trading entity would have to be submitted.
- ii) Any change in a member's ownership status, e.g. sole trader to become a partnership or be the subject of a merger or takeover must be notified to the Association and the Association reserves the right to require a fresh application if it considers that the 'entity' has materially changed.
- iii) Should a member purchase an existing funeral home/funeral business or establish a new funeral home/funeral business, the member is required to inform the Association of the said development. Where the new funeral home/funeral business does not operate under the existing Members trading name/identity then the said member will be required to submit a membership application in respect of the said funeral home/funeral business.
- iv) In the event of cessation of membership, I/We agree not to use any initials, badges or insignia of the Association and will return my/our certificate of membership.

- I/We confirm the information provided and the various declarations
- I/We desire to be considered for FULL membership of The Irish Association of Funeral Directors, a Company Limited by Guarantee under the terms of its current Memorandum and Articles of Association and Bye Laws
- I/We agree, if accepted as FULL MEMBERS, to observe and be bound by the Rules, Regulations and Bye Laws of the Irish Association of Funeral Directors now in force or which may be brought into force during my/our membership
- I/We have read the Code of Practice and confirm that I/we currently adhere to the responsibilities contained therein
- I/We agree to adhere to the Policies / Quality Standards of the Irish Association of Funeral Directors contained in this form or any amendments / additions thereto
- I/We understand that the IAFD Logo is a Registered Trade Mark and hereby undertake not in any way to amend the design, wording or colours of the Logo
- I/We understand that the IAFD reserves the right to decline membership application without stating the reason(s)

(See Board Policies in relation to Membership Application on P.8)

- I/We enclose a Cheque for €_____ payable to IAFD
- I/We understand that if this application is NOT successful, the monies will be returned

The content of page 8 should be read before you sign this form

Applicant Signature: _____

Position: _____ **Date:** _____

Irish Association of Funeral Directors will issue all new Members with a Membership Pack
(Following Board approval of Application)

Declaration by Sponsors (Two Current IAFD Full Members)

Proposer and Seconder to complete the following sections and sign where appropriate:

We, being (full) members of the Association, and having our places of business within 50 kilometers (31 miles) of the applicant's premises (see Policy 1. ii) on previous page) certify that, to the best of our knowledge and belief, the particulars provided by the Applicant on this form are correct.

We further declare that the Applicant has done nothing which would reflect adversely on the Association if granted membership and confirm that the Applicant now abides by the spirit of the Association's Code of Practice and am confident on grant of membership, will abide by the obligations of the Code at all times.

We recommend the Applicant is considered for Membership of the Association, subject to the Applicant accepting and abiding by the Policies and Obligations detailed on this form.

****The content of page 8 should be read before you sign this form**

Proposer Details:

Surname		First Name(s)	
Address			
Home Tel		Work Tel	Fax
Email Address		Mobile	
Company Name:			
Signature: <small>** See note above</small>		Date	
Position			

Seconder Details:

Surname		First Name(s)	
Address			
Home Tel		Work Tel	Fax
Email Address		Mobile	
Company Name:			
Signature: <small>** See note above</small>		Date	
Position			

Consent of Member/ Non-member

(Relates to Premises, Facilities and Vehicles – **See column headings on page 2)

Note: By giving consent a Member/Non-member is granting IAFD permission to inspect his/her premises for verification of the application

Name:	
Address:	
Signed:	<u>The content of page 8 should be read before you sign this form</u>
Date:	

Please forward completed form to:

**Irish Association of Funeral Directors, (IAFD),
Mespil House,
Mespil Business Centre,
Sussex Road,
Dublin 4.**

Or

**The Mount Business Centre,
2 Woodstock Link,
Belfast BT6 8DD.**

FOR OFFICE USE ONLY:

(Circle/Tick/X below)

Application Received	Yes	No	Details / Status
All relevant sections completed	<input type="checkbox"/>	<input type="checkbox"/>	
Cheque Enclosed	<input type="checkbox"/>	<input type="checkbox"/>	
Excellence Programme Visit Arranged	<input type="checkbox"/>	<input type="checkbox"/>	
Welcome Pack Sent	<input type="checkbox"/>	<input type="checkbox"/>	
Further Queries	<input type="checkbox"/>	<input type="checkbox"/>	

Signed by: (IAFD Membership Officer) _____

Date: _____

BOARD POLICIES IN RELATION TO MEMBERSHIP APPLICATIONS

(Information provided for – Applicant, Proposer, Seconder, Member and Non-member (when appropriate))

- i) a) While the Board will permit membership at its discretion it will normally expect applicants to have conducted a minimum of fifteen funerals per annum in each of the four years prior to application – refer to *e) on page 4. This total number of funerals can be carried out from more than one premises subject to the said premises being under the common control of the applicant and ideally under a common trading name/branding of the applicant.

b) In the event of different trading name(s)/branding being used on individual premises, the said premises would not normally be eligible for use in the calculation of the average number of funerals and a separate membership application in respect of such premises would normally be required. The same qualifying requirements as set out in the previous paragraph will apply.

c) The Board reserves the right to exercise its judgement in respect of the above and will do so without being obliged to provide an explanation to any parties.
- ii) The proposer and seconder of the applicant (who must be full members of the IAFD) shall normally trade within 50 kilometers (31 miles) of the applicant's premises. If appropriate, the discretion of the Board will be exercised in this regard.
- iii) Each applicant must pay an initial application fee of €150 plus the annual subscription of €401.50. In the event of them operating another branch or branches they will be required to pay an additional subscription of €50 per branch per annum.
- iv) A representative of Irish Association of Funeral Directors will visit all new Membership Applicants within two months of their application and prior to their application being considered by the Board. During the visit the representative will require access to records to verify the information declared in *d) & *e) on page 4.

Member - Branch premises

Where a member operates and/or advertises a Branch which is not their principal place of business to meet and consult with the family and/or provide viewing, ceremony and preparation facilities, this shall be deemed to be a branch premises only if it is operated by the member.

To meet IAFD Code of Practice and the IAFD internal Quality Standards, vehicles and personnel operating from the said Branch and the merchandise and services provided shall meet the same criteria as detailed in IAFD Code of Practice and Quality Standards.

Members must make the IAFD aware of any additional premises being promoted to the public. The member's annual subscription will be adjusted accordingly.