

IFS Membership Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Main): _____

Fax: (Main) _____

Cell Phone: _____

Phone (Secondary): _____

Fax (Secondary): _____

Email Address: _____

Website: _____

The Primary phone number you want listed with your name: _____

Product/Service Category (Mark an X in the gray box to the left of the applicable categories)

<input type="checkbox"/>	Advertising/Marketing	<input type="checkbox"/>	Associations	<input type="checkbox"/>	Burial Vaults
<input type="checkbox"/>	Computer/Website/Internet Related	<input type="checkbox"/>	Consulting	<input type="checkbox"/>	Cremation
<input type="checkbox"/>	Finance and Investing	<input type="checkbox"/>	Garments	<input type="checkbox"/>	General Funeral Supply
<input type="checkbox"/>	Jewelery	<input type="checkbox"/>	Memorialization/Keepsakes	<input type="checkbox"/>	Monuments/Grave Markers
<input type="checkbox"/>	Urns	<input type="checkbox"/>	Funeral Coach Dealers	<input type="checkbox"/>	Chapel Furniture
<input type="checkbox"/>	Cemetery Supply/ Services	<input type="checkbox"/>	Embalming and Supplies	<input type="checkbox"/>	Insurance/Trust
<input type="checkbox"/>	Funeral Coach Repairs	<input type="checkbox"/>	Publications	<input type="checkbox"/>	Funeral Stationary Products
<input type="checkbox"/>	Preneed Services/Advanced Planning	<input type="checkbox"/>	Grief Services	<input type="checkbox"/>	Education/Licensure
<input type="checkbox"/>	Caskets	<input type="checkbox"/>		<input type="checkbox"/>	

Please enclose check for \$35.00 payable to:
Illinois Funeral Suppliers

Send Completed Application to:

IFS New Member
1554 Maple Avenue
Northbrook, IL 60062