



Thank you for your interest in the Academy of Professional Funeral Service Practice and the designation of Certified Funeral Service Practitioner (CFSP).

The purpose of the Academy is to provide recognition to licensed funeral service practitioners for their commitment to maintaining and improving their profession through life-long learning and continuing education.

If you have any questions, please visit our website at www.apfsp.org or call (866) 431-CFSP. We look forward to working with you in your journey to achieve the CFSP designation.

Completed applications may be faxed to (770)646-9490 with a credit card payment or mailed to: PO Box 1160, Buchanan, GA 30113-1160

First Name		Middle	Last Name		Nickname
Home Address		City	State	Zip	
Employer	Address		City	State	Zip
Home Phone	Work Phone	Fax	E-Mail Address (required)		
License No. and State		Funeral Service College		Graduation Date	
Highest Degree Obtained		Institution		Major	
College certification of enrollment (Required for Student Members only):					
College Official (print name) (Required for Student members)			Signature		Title
Referred by _____					

Please send all correspondence to: Home Address Office Address

Membership Options

Fees effective 01/01/15. Please select Membership Option below:

- Initial Student Membership - \$60** \$ _____
(Must be currently enrolled in a Funeral Service education program and requires signature by College Official and notification of licensure date)
- Initial Membership - \$95** \$ _____
(Annual renewal is \$75 per year and will be billed on anniversary date)
- Membership Reinstatement - \$95** \$ _____
(Annual renewal is \$75 per year and will be billed on anniversary date)
- Lifetime Membership - \$750** \$ _____
(One-time fee with no annual renewal. CEU requirements still apply)
- APFSP Jewelry - \$25+\$1.75=\$26.75** \$ _____
(This is optional. Price includes shipping and handling)
- Total** _____ \$

Above fees are for enrollment or renewal only. Members must pay annual renewals to remain active. Members who complete the professional certification requirements may purchase a CFSP recognition plaque. Fees for all courses, workshops, home study programs, etc. are assessed by educational providers and are payable by the member.

Payment Options

- Check Enclosed** (must be mailed) **Credit Card**
- Credit Card:** MasterCard VISA American Express Discover

Credit Card No. _____ **Expiration Date** _____

Cardholder's Name _____ Cardholder's Signature _____

Address where statement is sent _____ **CVV2/CID Code** _____

(For MasterCard, VISA and Discover, the CVV2 Code is the last 3 digits of the number in the signature line on the reverse of the card. For American Express, the CID is the 4-digit number on the front of the card.)

Please send this application form and fee to:
Academy of Professional Funeral Service Practice, Inc. (APFSP)
 PO Box 1160, Buchanan, GA 30113-1160
 - OR -
 Fax application form with credit card payment to **(770)646-9490**