



**FUNERAL INDUSTRY REFORMED ASSOCIATION**

**FUNERAL DIRECTOR (UNDERTAKER)**  
**MEMBERSHIP**  
**APPLICATION FORM**

**Tel: 072 852 5456 Fax: 086 411 8211**

**E-mail: [info@fira.org.za](mailto:info@fira.org.za)**

**Website: [www.fira.org.za](http://www.fira.org.za)**

**P.O. Box 5591, The Reeds, Centurion, 0158**

# **APPLICATION FOR MEMBERSHIP – FUNERAL DIRECTOR**

## **Applicant Details:**

Title (Hon, Dr, Mr, Mrs, Ms): \_\_\_\_\_

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

Type of Business:    Closed Corporation \_\_\_\_\_    Proprietary Limited \_\_\_\_\_    Sole Proprietor \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Number(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: Yes/No \_\_\_\_\_ Website Address: \_\_\_\_\_

Head Office Address: \_\_\_\_\_

Number of Branches: \_\_\_\_\_ Provinces: \_\_\_\_\_

Do you market funeral insurance or membership for a funeral scheme? Yes/No: \_\_\_\_\_

Do you have a Certificate of Competence issued by the local authority? Yes/No: \_\_\_\_\_

If your answer is YES, please include a copy of your certificate. Certified copy attached Yes/No: \_\_\_\_\_

If you are not yet in possession of a certificate, have you applied for one at your local authority? \_\_\_\_\_

Please make sure that this Certificate of Competence is current and valid.

**Applicant Initial:** \_\_\_\_\_

By my signature below, I agree that my application shall be dealt with according to the rules and terms and conditions of FIRA, the information provided by me herein is, to the best of my knowledge, true and correct and to undertake to the following:

- I confirm my authority to apply herewith on behalf of the above-mentioned company;
- I accept the FIRA's Code of Conduct as the basis on which the company will be operated;
- I will strive to uphold the Constitution of the FIRA;
- Where applicable I will meet the minimum requirements concerning the funeral directing profession including health requirements;
- I undertake to pay the annual membership fees as determined during the Annual General Meetings.

**The joining fee of R 1 200-00 must be paid into the FIRA's bank account at:**

<b>Bank:</b>	<b>Standard Bank</b>
<b>Account Number:</b>	<b>012710202</b>
<b>Account Name:</b>	<b>FIRA</b>
<b>Type:</b>	<b>Business Current Account</b>
<b>Branch Code:</b>	<b>012345</b>
<b>Branch code (electronic payment):</b>	<b>051001</b>

where after the deposit slip and completed application form must be faxed to 086 411 8211 or email to [info@fira.org.za](mailto:info@fira.org.za)

Please use 'FIRA application and part of your company name' as deposit reference.

The balance of the annual membership fee of R 2 400-00 will be payable on acceptance to the Association:  
Annual membership - R 3 600-00

I understand that in the case of the application being unsuccessful, the amount will be forfeited.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ (month) 201\_\_ (year)

\_\_\_\_\_  
APPLICANT SIGNATURE

#### **Terms and conditions of membership -**

By signing the application form the applicant agree to abide to the terms and conditions of FIRA's constitution & members policy AND accept that membership would commence on proof of payment received & confirmed by FIRA's auditors and in-house administrator.

**FOR OFFICE USE:**

**Remarks:** \_\_\_\_\_

Membership Approved: \_\_\_\_\_ Membership Declined: \_\_\_\_\_

Certified copy of certificate of compliance (COC, FSB, SARS) company registration, ID's: Yes/NO \_\_\_\_\_

**Reasons for declining a prospective applicant:**

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

Member Appeal: \_\_\_\_\_ Yes/No      Review \_\_\_\_/\_\_\_\_/20 \_\_\_\_ Yes/No \_\_\_\_\_

Checked by: \_\_\_\_\_ FIRA Quality Control: \_\_\_\_\_

Signature: \_\_\_\_\_ True and correct: Yes/No \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **FIRA Designated Official**

**SIGNATURE:** \_\_\_\_\_ **True and correct: Yes/No** \_\_\_\_\_