

# TENNESSEE FUNERAL SUPPLY SALES CLUB

Application for Membership (Please print or type)

T.F.S.S.C  
P.O. BOX 100267  
Nashville, Tennessee 37224-0267  
TFSSC1@aol.com

June 2017 – May 2018

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home#) \_\_\_\_\_ (Cell#) \_\_\_\_\_

Email Address \_\_\_\_\_ (Fax#) \_\_\_\_\_

Firm/Company Name \_\_\_\_\_

Firm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone# (Business) \_\_\_\_\_

**I hereby agree to abide by the Rules and Regulations contained in the Constitution and Bylaws of the Tennessee Funeral Supply Sales Club, Inc.**

Signed \_\_\_\_\_  
*Applicant*

Recommended By (new member only): \_\_\_\_\_  
*Member*  
\_\_\_\_\_ *Member*

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

A check in the amount of \$50.00 must accompany this application when returned.

PAID: CASH \_\_\_\_\_ CHECK \_\_\_\_\_ # \_\_\_\_\_  
DATE Received \_\_\_\_\_ TFSSC President \_\_\_\_\_

This area for Official Club Notation by Officers