

**Epsilon Nu Delta Mortuary Fraternity, Inc.**  
Reinstatement of Membership Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Member Since \_\_\_\_\_

Place of Induction(city/state) \_\_\_\_\_ Sponsored by (member) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (office/alternate) \_\_\_\_\_

Fax \_\_\_\_\_ E-mail address \_\_\_\_\_

Chapter Affiliation (if known): \_\_\_\_\_ Are you a Member At Large? \_\_\_\_\_

NAME OF EMERGENCY CONTACT \_\_\_\_\_ Relationship \_\_\_\_\_

Contacts Address \_\_\_\_\_ Phone \_\_\_\_\_

Your Firm Affiliation \_\_\_\_\_ Position \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I \_\_\_\_\_ do hereby make application for reinstatement to Epsilon Nu Delta Mortuary Fraternity, Inc. I will abide by the Constitution and by-laws of said organization and do all in my power to uplift the Mortuary Profession. I also agree to a renewal assessment fee of Sixty Dollars (\$60.00) and a grand tax of One Hundred Dollars (\$100.00), which entitles me to the Fraternity insignia. If there is an active local chapter, I do understand and agree to meet that chapter's financial requirements as well.*

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_ Money Order# \_\_\_\_\_

**REMIT FORM and FEES TO:** E.N.D. – General Executive Secretary  
C/O Soror. Lynn Armstrong – Patterson, CFSP  
3608 17<sup>th</sup> Street NE  
Washington, DC 20018-2304  
(202) 832-6367

To be Completed by National Office

Current Embalmer License: Copies Attached Yes \_\_\_ No \_\_\_ Received by \_\_\_\_\_

Notes: \_\_\_\_\_