

Delmarva Funeral Service Association

Phone: 443-620-DFSA (3372)

Fax:

Meeting RSVP Form

MEETING DATE: _____

Please enter Member/Guest name(s) and license information below.

FAX completed form to (443)205-4042.

Payment can be made at the meeting or mailed to the address above.

MEMBERS ATTENDING

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

GUESTS ATTENDING

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

Name: _____ DE: _____ MD: _____ APFSA: _____

IF MORE SPACE IS REQUIRED FOR MEMBERS, ENTER INFORMATION AS GUESTS AND INDICATE BELOW.