

<u>Pinellas County Estate Planning Council</u> P.O. Box 251, St. Petersburg, FL 33731 info@pinellascountyepc.org

MEMBERSHIP APPLICATION

Title:	
Firm/Business:	
Address:	
City, State & Zip:	
Telephone: Fax:	
E-mail Address:	
MEMBERSHIP QUALIFICATIONS	
Applicants must qualify within one of the disciplines listed below.	
• Applicants must be sponsored by two members with one sponsor being from the same membership category. Applicants applying under the <i>Member at Large</i> category must be sponsored by three members, each of who from a different membership category.	n are
 A letter of recommendation from each sponsor must be attached. Dues shall be attached. If an application is submitted before the May meeting, dues are \$275. If an application submitted after the May meeting, dues are \$290, which covers the balance of the current year and dues for the following year. Checks shall be payable to PCEPC, Inc. 	
I am () an Accredited Estate Planner (AEP) I am () an Attorney at Law I am () a Certified Financial Planner (CFP) I am () a Certified Public Accountant (CPA) I am () a Charitable Foundation Executive (Officer or Director) 501(c)(3) I am () a Chartered Financial Consultant (ChFC) I am () a Chartered Life Underwriter (CLU) I am () a Trust Officer (CTFA) I am () a Member at Large – actively involved in estate planning, but does not practice in any of the previous category.	ories.
SPONSOR INFORMATION	
Name: Firm:	
Name:Firm: Discipline:	
Third Sponsor Only Applicable for Member at Large Applicant: Name:Firm:	
Discipline:	
VERIFICATION I verify that all of the information I have provided in this application is true and correct.	
Signature Date	



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SPONSOR LETTER

Date	<u> </u>
То:	Board of Directors Pinellas County Estate Planning Council
Re:	Membership Application for
ethic	personally acquainted with the above applicant and believe this person has sound professional s. As a member of the Pinellas County Estate Planning Council, I feel that this applicant will be a t to the council and will make a responsible contribution to it.
Addi	tional information:
•	Length of time acquainted with applicant
•	Applicant is a member of my firm.
	Applicant is not a member of my firm.
•	Remarks:
I reco	ommend approval of the above applicant and am pleased to sponsor him/her for membership.
Spon	sor's Signature
Spon	sor's Name (please print)
Spon	sor's Firm
Spon	sor's Office Telephone Number
	www.pinellascountyepc.org www.naepc.org



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Re: 1	Membership Application for
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