Pinellas County Estate Planning Council

P.O. Box 251, St. Petersburg, FL 33731
info@pinellascountyepc.org

MEMBERSHIP APPLICATION

Name:_____

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 Member at Large category must be sponsored by three members, each of whom are from a different membership category.
- A letter of recommendation from each sponsor must be attached.
- Dues shall be attached. Dues are $325. 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 categories.

SPONSOR INFORMATION

Name:_____ Firm:_____
Discipline:_____

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

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

SPONSOR LETTER

Date: _____

To: Board of Directors
Pinellas County Estate Planning Council

Re: Membership Application for _____

I am personally acquainted with the above applicant and believe this person has sound professional ethics. As a member of the Pinellas County Estate Planning Council, I feel that this applicant will be a credit to the council and will make a responsible contribution to it.

Additional information:

- Length of time acquainted with applicant _____
- ☐ Applicant is a member of my firm.

  ☐ Applicant is not a member of my firm.
- Remarks:_____

  _____

  _____

  _____

  _____

  _____

I recommend approval of the above applicant and am pleased to sponsor him/her for membership.

_____
Sponsor's Signature

_____
Sponsor's Name *(please print)*

_____
Sponsor's Firm

_____
Sponsor's Office Telephone Number

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

SPONSOR LETTER

Date: _____

To: Board of Directors
Pinellas County Estate Planning Council

Re: Membership Application for _____

I am personally acquainted with the above applicant and believe this person has sound professional ethics. As a member of the Pinellas County Estate Planning Council, I feel that this applicant will be a credit to the council and will make a responsible contribution to it.

Additional information:

- Length of time acquainted with applicant _____
- ☐ Applicant is a member of my firm.

  ☐ Applicant is not a member of my firm.
- Remarks:_____

  _____

  _____

  _____

  _____

  _____

I recommend approval of the above applicant and am pleased to sponsor him/her for membership.

_____
Sponsor's Signature

_____
Sponsor's Name *(please print)*

_____
Sponsor's Firm

_____
Sponsor's Office Telephone Number