



Pinellas County Estate Planning Council

P.O. Box 251, St. Petersburg, FL 33731

info@pinellascountypec.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 may be subject to change each year. See website for amount. Payment is due upon acceptance. Checks shall be made 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



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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



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