

PLANNED GIVING COUNCIL OF PALM BEACH COUNTY

PRORATED Membership Application – 2019-2020

PRORATED Council Membership \$150

- Cost of attending all breakfast meetings through May 2020
- Listing in our new website directory along with headshot picture (*optional*)

Please **print or type** and return **with your check for \$150 made payable to the *Planned Giving Council of Palm Beach County***. Payments by credit card may be made through our website (www.palmbeachplannedgiving.org). Please remember to submit this application along with either payment method. **Please email your headshot if you wish your photo to appear on the website to Admin@PalmBeachPlannedGiving.org.**

Name*: _____

Title / Profession: _____

Firm / Business: _____

Address: _____

City / State / Zip: _____

Phone: _____ E-mail: _____

PLEASE NOTE: MEETING NOTICES WILL BE SENT TO YOUR E-MAIL ADDRESS

*Membership in the Planned Giving Council of Palm Beach County is on an individual basis and is not transferable to other individuals within the same organization. **Prorated membership dues of \$150 are for membership in this local Council only**; membership in the National Association of Charitable Gift Planners, Inc. (formerly Partnership for Philanthropic Planning) is an additional \$150 for local council members. For further NACGP membership information, please visit their website: www.charitablegiftplanners.org.

Please check the professional affiliation of individual member and/or employer:

- Florida Bar;
- Florida Institute of Certified Public Accountants or the American Institute of Certified Public Accountants;
- Trust Officer/ Trust Representative of a Trust Company/Bank maintaining Trust Departments in the State of Florida;
- Life Insurance Agent who is a member of the National Association of Insurance or Financial Advisor licensed in the State of Florida;
- Financial Advisor who is licensed in the State of Florida and with FINRA, or a CFP in good standing;
- Licensed Realtor;
- Fundraising Representative or Business Development Officer with an organization described under Section 501(c)(3) of the Internal Revenue Code and, if required, registered with the State of Florida.
- Other _____

Signature of Applicant

Date

***PLEASE ATTACH YOUR
BUSINESS CARD***

Please return this form with your check to:

Planned Giving Council of PBC

Attn: Sherry Schattie

6671 W. Indiantown Rd., #50-194

Jupiter, FL 33458

If you have any questions, please email: Admin@PalmBeachPlannedGiving.org