

For PGC Staff only Name _____ Expiration Date _____



Annual Membership Application

Name: _____

Title: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Phone: Work: _____ Mobile: _____

E-Mail: _____

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* (available on our website at <https://plannedgivinglee.org/articles-and-resources>), and I accept the responsibility to abide by that Code.

X _____

Signature Required

Membership is available to individuals only and is not transferable. Dues include nine regular monthly lunch meetings. Membership dues do not cover registration for special seminars, symposiums and other educational and networking events aside from the regular monthly lunch meetings.

New or renewing application can be made online at <https://www.plannedgivinglee.org/how-to-join> OR

Mail completed application and check for \$225 to: **Planned Giving Council of Lee County, Inc.**

P O Box 07066

Fort Myers, FL 33919

PGC-Lee Staff Only: Received _____ Ck # _____ Amount _____