A picture containing text, clipart

Description automatically generated

PLANNED GIVING COUNCIL OF PALM BEACH COUNTY

**Membership Application – 2023-2024**

**Council Membership $275**

* Cost of attending all breakfast meetings
* Listing in our website directory along with headshot picture (*optional*)

**Organizational Membership $600** *(\*\*Great value for organizations with multi-members)*

* Rotating membership for up to three (3) members in a single organization
* Cost of 1 organizational member to attend all breakfast meetings
* Listing of all organizational members in our website directory along with headshot picture (*optional*)

**Gold Sponsorship $1,500**  *(\*\*Best Value –* ***Includes organizational membership****)*

* Company logo as gold sponsor on website with click-through
* Rotating membership for up to three (3) Council members from sponsoring organization
* Cost of 1 organizational member to attend all breakfast meetings
* Designated sponsor for one event with opportunity to speak as event sponsor
* Company logo displayed as Gold Sponsor during opening networking at all events
* Collateral display at event registration table for designated sponsored event

***\*\*Please contact our Administrator for additional Sponsorship levels available***

Please ***print or type*** and return **with your check made payable to the “*Planned Giving Council of Palm Beach County”****.*  Payments by credit card may be made through our website ([www.palmbeachplannedgiving.org](http://www.palmbeachplannedgiving.org)) or [click here](https://plannedgivingcouncilofpalmbeachcounty.wildapricot.org/join-us). 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](mailto: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

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 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](mailto:Admin@PalmBeachPlannedGiving.org)