

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* (see reverse side), 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 \_\_\_\_\_