



**Annual Membership Application**

Please take a moment to review new membership options at [www.plannedgivinglee.org/membership](http://www.plannedgivinglee.org/membership)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Membership Type: \***

Individual (\$225):                      Organizational (\$300):                      Organizational + Sponsorship (\$475):

**Payment Method:**

Please e-mail me an invoice:                      Paying online:                      Sending a check:

E-mail completed form to [pgcswf2022@gmail.com](mailto:pgcswf2022@gmail.com) and pay online at [www.plannedgivinglee.org/membership](http://www.plannedgivinglee.org/membership)

OR mail completed application and check to:                      Planned Giving Council of Lee County, Inc.  
4600 Summerlin Road Suite C2-478  
Fort Myers, FL 33919

\*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.

Signature: \_\_\_\_\_

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