Professional Fiduciary Council of Florida

Loyalty - Integrity - Trust

Affiliate Membership Application
(September 2020 version)

Note: Before completing this Application, please review the Affiliate Membership Application Checklist and Affiliate Membership Requirements on the Council's website.

Use this Application only for application as an Affiliate Member.

Applicant Name: _____
First Middle Last

(All Affiliate Members, including but not limited to, attorneys, certified public accountants, business owners, members of the academia, and business employees must apply in their individual name and not in the name of or on behalf of the firm or business entity)

Applicant's Employer Information:

Industry: _____

Name of Company: _____

Website: _____

Applicant's Occupation/Position: _____

If Owner, years in business: _____

If Employee, years employed: _____

Name owner(s) and contact information if different than Applicant: (phone/email address)

_____

_____

Applicant's Personal Contact Information:

Mailing Address: _____

Primary Phone: _____ Type: _____

Alternate Phone: _____ Type: _____

Fax: _____

Email: _____

Applicant's Work Experience:

Please provide a general description of your work experience with your current employer or with your practice or business.

_____
_____
_____
_____

Additional Questions:

1. Do you hold any professional licenses or certificates? ___ YES ___ NO

   If yes, please provide a copy (if possible) the license type(s)/agency and number(s): _____
   _____
   _____

2. Describe how the services you offer support the Council's mission of protecting the public, providing important resources, and promoting loyalty, integrity, and trust for individuals serving as fiduciaries.
   _____
   _____
   _____
   _____
   _____ (Attach additional pages if necessary).

3. List any professional organizations/associations you are a member of, including the name of the organization, website, years of membership and any positions held: _____
   _____
   _____

4. Are you a member of an association or organization that requires you:
   - to carry General Business Liability insurance? YES or NO
   - be bonded? YES or NO
   - abide by a Code of Ethics? YES or NO
   - pass core competency courses for your industry? YES or NO
   - meet minimum requirements for membership? YES or NO
   - Require continuing education for ongoing membership? YES or NO

5. List any civic or charitable organizations you are associated with, including your involvement with the organization.
   _____
   _____

_____

_____

6. List any additional information you believe would assist the Membership Committee in approving your Application.

_____

_____

_____

_____

7. If approved, do you want your PERSONAL contact Name, Phone and Email information published on the Professional Fiduciary Council of Florida website public directory? ___ YES ___ NO

8. If approved, do you want your FIRM OR BUSINESS Name, Phone and Email information published on the Professional Fiduciary Council of Florida website public directory? ____ YES ____ NO

_____ _____

Signature Date

_____

Printed Name