



Professional Fiduciary Council of Florida
Loyalty - Integrity - Trust

Date _____

Letter of reference for _____ (“Applicant”)

This letter of reference is for the purpose of informing the Membership Committee as to the experience, trustworthiness, and competence of the above-named Applicant. To maintain the integrity of the Professional Fiduciary Council of Florida we ask that you answer the questions below and provide specific information so that we can rely on your support of this Applicant as an **Affiliate Member**.

How long have you known the Applicant: _____

How long have you known the Applicant on a professional basis: _____

How many different matters has the Applicant worked with you and/or your clients: _____

In your own words, please describe your experience with the Applicant, including the specific service the Applicant provided to you (or your clients) and any other relevant information that would be helpful for the membership committee.

If you require more room, please feel free to attach additional pages.

By signing below, you are supporting this Applicant for membership in the Professional Fiduciary Council of Florida and agree to allow us to contact you if needed, thank you.

Signature

Printed Name

Business or Organization: _____

Title: _____

Address: _____

Phone number: _____

Email: _____