



Professional Fiduciary Council of Florida

Loyalty - Integrity - Trust

Affiliate Membership Application Checklist (September 2020 version)

Applicant Name: _____

Employer or business name: _____

Please attach all the following supporting documentation with your completed Affiliate Membership Application:

- Completed/Signed Application
- 3 letters of reference from individuals who can attest to Applicant's, trustworthiness, experience, and professional competence. One letter of reference must be from a member of the Professional Fiduciary Council, or a member of the Founding, Advisory, or Executive Board.
- Nonrefundable Application Fee of \$25

Mail Application, this Checklist, and payment to:

Professional Fiduciary Council of Florida
3637 4th St. N. #270
Saint Petersburg, Florida 33704

For Council Use Only:

Date Received: _____ Initials: _____

Membership Approved Date: _____

Type of Membership:

- Affiliate