



Professional Fiduciary Council of Florida
Loyalty - Integrity - Trust

Affiliate Membership Application Checklist

Name: _____

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

- Completed/Signed Application
- Three (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.
- Non-refundable Application Fee (\$25.00)

Council may require additional information or have additional inquiries prior to membership decision.

Mail Application and Checklist to:

Professional Fiduciary Council of Florida
3637 4th Street North #270
Saint Petersburg, Florida 33704

Email Application and Checklist to:

info@professionalfiduciarycouncil.org



Professional Fiduciary Council of Florida

Affiliate Membership Application - \$275.00

Note: Use this Application only for application as an Affiliate Member.

Member 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: _____

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 service you offer support the Council’s mission of protecting the public, providing important resources, and promoting the loyalty, integrity, and trust for individuals serving as fiduciaries.

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 or 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 or NO

Signature _____

Date: _____

Please mail a check in the amount of \$275.00 and the requested documents to the address listed below. You will be notified of your membership renewal acceptance.

**Professional Fiduciary Council of Florida
3637 4th Street North, Suite #270
St. Petersburg, FL 33704
727-350-4049**

QUESTIONS: info@professionalfiduciarycouncil.org



Professional Fiduciary Council of Florida
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Date _____

Letter of reference for _____

Dear Membership Committee:

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 require that you complete the questions below and provide specific information so that we can rely on your support of this candidate for membership.

1. How long have you known the applicant: _____
2. How long have you known the applicant on a professional basis: _____
3. 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.

Signature _____

Printed Name _____

Business or organization _____

Phone number _____

Email _____