



# THE TAMPA BAY ESTATE PLANNING COUNCIL

## 2021-2022 Membership Application

### Contact Information (please print)

Name \_\_\_\_\_

Firm \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Do not publish email       Do not publish

Have you ever been a member of this Council?  Yes     No If yes, last year of your membership \_\_\_\_\_

### Membership Discipline (please select one)

- |   |  |
|---|--|
| <input type="checkbox"/> Attorney & member of the Florida Bar<br>Year admitted to Florida Bar _____ | <input type="checkbox"/> Insurance professional as             |
| <input type="checkbox"/> Certified Public Accountant (CPA)  | <input type="checkbox"/> Chartered Life Underwriter (CLU)      |
| <input type="checkbox"/> Trust Officer of a Registered Regulated Trust Dept.                        | <input type="checkbox"/> Chartered Financial Consultant (ChFC) |
| <input type="checkbox"/> CFP® professional      Year certified _____                                | <input type="checkbox"/> MDRT Qualifying or Life Member        |

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

### Required Recommendations

- One TBEPC member from the same member discipline, and
- One TBEPC member from a different member discipline, and
- A letter of recommendation from any TBEPC member.

\*\*Primary Signature will receive credit for member-get-a-member contest.

### Recommended by (must be current members)

\*\*Primary Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Discipline \_\_\_\_\_

Secondary Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Discipline \_\_\_\_\_

**Membership dues: \$200**

**Send completed form, letter of recommendation and check made payable to Tampa Bay Estate Planning Council**

**Tampa Bay Estate Planning Council  
12191 W Linebaugh Ave #312  
Tampa, FL 33626**