



# Associate Application

**Contact Information (please print)**

Name \_\_\_\_\_

Firm \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_  Do not publish Fax  Do not publish email

**Have you been a member of the Tampa Bay Estate Planning Council before?**

If yes, last year of membership \_\_\_\_\_

**Specific duties in your position that relate to estate planning:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The licenses or designation that you currently hold are:** \_\_\_\_\_

Please attach a copy of the license or designation if there is no way for the Council's office to verify the standing of your license or designation.

**Ethics**

Describe any ethics component required under each license/designation. Of these licenses or designations, do any of them have ethics requirements of you in your practice? Describe continuing education requirements to maintain each license or designation. Do any of them require continuing education annually and if so, in what quantity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please review and complete the reverse side*

**Required Documentation to be attached to this Addendum:**

1. Two (2) letters of recommendation by current Council members of different disciplines that specifically address:

- Your ethics and integrity that you utilize in your practice of estate planning
- Your professionalism that you demonstrate with your clients, both in your professional position and in any other settings in which you know the applicant.
- Your industry specific knowledge of estate planning or estate planning related issues.
- A brief synopsis of a case you worked together in the past three years (see below) using broad generalities and with the understanding that in no way should you violate your rules of confidentiality with your client.

**Associate’s Tenure in the Council:**

Any Associate who no longer is actively practicing estate planning or matters directly related to estate planning is disqualified to be an Associate and shall immediately notify the Secretary of the Corporation of his or her disqualification. Nothing shall prohibit a disqualified associate from seeking re-admission as an Associate. The Board of Directors shall have the authority to remove any Associate for good cause after having first given that Associate notice and an opportunity for a hearing before the Board of Directors.

**Rights as an Associate:**

Associates of the Corporation shall not be members of the Corporation, and shall have no right to vote on matters submitted to the members for a vote. Associates of the Corporation shall not be entitled to be elected as officers or directors of the Corporation, and shall not serve on Committees of the Board of Directors unless serving as a non-voting, ex officio committee member. Associates shall be entitled to attend regular meetings and social events of the Corporation.

**Dues:**

Associates of the Corporation shall pay the same dues as members of the Corporation. Currently \$275.

By signing this Application, Applicant acknowledges that he/she has read the rules applicable to Associates of the Council. Applicant further certifies that all information provided by Applicant in connection with this Application is true and correct.

Signature of Applicant \_\_\_\_\_

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

Date \_\_\_\_\_

**Membership dues: \$250 for applications post marked by July 31, 2017.  
\$275 for applications post marked July 31, 2017 and after.**

**Send completed application, all documentation and check made payable to**

**Tampa Bay Estate Planning Council, Inc.  
12157 W Linebaugh Ave PMB 312  
Tampa, FL 33626-1732**