



THE TAMPA BAY

ESTATE PLANNING COUNCIL

2025-2026 Membership Application

Contact Information (please print)

Name _____

Firm _____

Address _____

City _____ ZIP _____

Phone _____ Email _____

☐ Do not publish email ☐ Do not publish phone ☐ Do not publish in online directory

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

Membership Category

☐ **Accounting & Valuation**
CPA (Florida), CPA/PFS, Valuation CVA, ABV

☐ **Allied Professional**
Field _____

☐ **Financial Planning & Insurance**
CFP®, ChFC®, CFA, CLU®, Florida Insurance
License holder

☐ **Student**
University _____

Degree _____

☐ **Law** Admitted to Florida Bar _____ year

Month|Year of Graduation _____

☐ **Trust & Planned Giving**
CTFA, CSPG, CAP®

☐ **Emerging Professional**
Field _____

☐ **Emeritus**

Signature: _____

Required Recommendations

- One TBEPC member from the same member category, and
- One TBEPC member from a different member category, 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: \$250

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