



THE TAMPA BAY
ESTATE PLANNING COUNCIL

2026-2027 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Do not publish email Do not publish phone Do not publish in online directory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

Emeritus

Law Admitted to Florida Bar _____ year

Student
University _____

Degree _____

Month|Year of Graduation _____

Trust Officer
CTFA

Emerging Professional
Field _____

Planned Giving|Philanthropy
CSPG, CAP®

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: \$350

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