



## PARTNERSHIP FOR PHILANTHROPIC PLANNING OF TAMPA BAY

### NEW/RENEWAL MEMBER APPLICATION

### DUES

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

I would like to make a professional commitment to planned giving by joining our local **Partnership for Philanthropic Planning of Tampa Bay**  
Local Only Dues \$125.00 \_\_\_\_\_

#### PAYMENT OPTIONS:

- Check payable to **PPP of Tampa Bay**  
 Credit Card through **Pay Pal on our website**  
[www.ppptampabay.org](http://www.ppptampabay.org)

Credit Card \_\_\_AmEx \_\_\_MasterCard \_\_\_VISA

Card Number: \_\_\_\_\_

Expiration date: (mm/yy) \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Name of Corp., if Corporate Card: \_\_\_\_\_

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

**National PPP Membership** is available by going to the Partnership for Philanthropic Planning's website at [www.pppnet.org](http://www.pppnet.org) and click on Join/Renew

**For your convenience, credit card due payments may be made immediately on our website at [www.ppptampabay.org](http://www.ppptampabay.org) (select Membership).**

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* (see second page), and I accept the responsibility to abide by that Code.

\_\_\_\_\_  
**Signature Required** Date \_\_\_\_\_

**IMPORTANT NOTE: Make checks payable to PPP of Tampa Bay.** Please retain a copy for your records and return this form to **Partnership for Philanthropic Planning of Tampa Bay**, P.O. Box 17434, Clearwater, FL 33762