



PLANNED GIVING COUNSEL
OF SIMCOE COUNTY

MEMBERSHIP APPLICATION & Permission for Release of Information

I (please print) _____ hereby make application for membership with the Planned Giving Counsel of Simcoe County (Counsel) for the Counsel year 2010/2011. I understand that this application must be approved by the Counsel Executive. I hereby agree to abide by all policies, principles, guidelines, articles and Counsel by-laws that exist at the time of my application, or those which may be subsequently duly approved by the Counsel and communicated. [Please review membership criteria (Article 3) in the Articles of the Counsel at www.plannedgivingcounsel.org/join.html]

As a Counsel member, I give permission for my name, organisation and contact information to be distributed publicly in various media. I also give permission for any photos/videos of me that may be taken/recorded in connection with Counsel events to be used by the Counsel for publicity and information purposes.

The above obligations, or any others that may be conferred upon me as a result of my membership, must be met for my membership to continue. I understand and agree that my membership may be revoked, with no refund of my membership dues, should I fail to meet these obligations.

My signature below confirms my acceptance of the membership terms set out above.

Name: _____

Title/Position: _____ Organization: _____

Phone number: _____ Fax number: _____

Mailing Address: _____

City: _____ PCode: _____ Email Address: _____

Signature: _____ Date: _____

**Please enclose a cheque payable to *Planned Giving Counsel of Simcoe County* and mail to:
Planned Giving Counsel of Simcoe County, P.O. Box 27044, Barrie, ON L4M 6K4**

\$50.00 fee enclosed: yes no

COUNSEL USE ONLY

Date received by Membership Director: _____ Director Initials: _____