



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 2011/2012. 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](http://www.plannedgivingcounsel.org/join.html) ]

As a Counsel member, I give permission for my name, organization 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 indicate:

This is an Individual Membership.

This is an Organization Membership (An organization membership permits one individual to participate at Counsel Events/Education Sessions at the member's rate. Additional participants from an organization will pay the non-member rate, if applicable.)

**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: \_\_\_\_\_**