

PLANNED GIVING COUNCIL OF INDIAN RIVER

2025 Member Application

☐ New ☐ Renewal

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

☐ Attached is my check made payable to the "Planned Giving Council of Indian River" for the local Council dues for New Members of:

☐ **\$150** for first year dues received between January 1st and June 30th

☐ **\$75.00** for first year dues received between July 1st and December 31st

☐ Attached is my check made payable to the "Planned Giving Council of Indian River" for the local Council dues for Renewing Members of:

☐ **\$150** for the calendar year 2025 (from January 1, 2025 thru December 31, 2025).

Please mail application and check to:

Planned Giving Council of Indian River
PO Box 644001
Vero Beach, FL 32964-4001

I certify that I have read and subscribe to the *Model Standards of Practice for the Charitable Gift Planner* (see separate download at www.pgcir.org), and I accept the responsibility to abide by that code.

Signature (required)

Date of application

Membership is available to individuals only and is not transferable. Membership is effective for the calendar year in which dues are paid. Please retain a copy of the membership application for your records.

If you have any questions, please contact the local council president, **Todd Heckman at (772) 567-7970 x 102 or todd@lrplans.com**