



Planned Giving Group of Connecticut
 c/o CAMI
 77 Rumford Avenue, Suite 3B
 Waltham, MA 02453
 Tel:(781) 647-7004
 Email: pggct@camihq.com

MEMBERSHIP APPLICATION

Name: _____
 Title: _____
 Organization: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 FAX: _____
 E-mail: _____

Please join the Planned Giving Group of Connecticut:

Dues \$160.00 \$160.00

TOTAL ENCLOSED: _____

PGGCT Staff Use Only	ID# _____	CHK# _____	Amount _____
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IMPORTANT NOTE: Make one check payable to Planned Giving Group of Connecticut and return to PGGCT with the original application. Please retain a copy for your records.

Demographic Data: please check ONE of the following options to indicate your PRIMARY employer:

- | | |
|--|---|
| <input type="checkbox"/> Educational Institution
<input type="checkbox"/> Hospital/Health Care Org.
<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Social Service Organization
<input type="checkbox"/> Environmental Organization
<input type="checkbox"/> Arts Organization
<input type="checkbox"/> Community Foundation
<input type="checkbox"/> Other Nonprofit Organization | <input type="checkbox"/> Financial Planning Practice/Firm
<input type="checkbox"/> Insurance Company/Firm
<input type="checkbox"/> Accounting Practice/Firm
<input type="checkbox"/> Law Practice/Firm
<input type="checkbox"/> Consulting Practice/Firm
<input type="checkbox"/> Bank or Trust Company
<input type="checkbox"/> Brokerage Firm
<input type="checkbox"/> Other For-profit Business |
|--|---|

In what year did you begin working as a gift planner? _____

Is your employer a sponsor of the American Council on Gift Annuities? Yes No

Are you a member of more than one NCPG-affiliated council? Yes No

If so, which council(s)? _____