



Planned Giving Group of Connecticut  
 c/o CAMI  
 411 Waverly Oaks Road  
 Suite 331 B  
 Waltham, MA 02452  
 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: \_\_\_\_\_

<b>PGGCT Staff Use Only</b>	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<br><input type="checkbox"/> Hospital/Health Care Org.<br><input type="checkbox"/> Religious Organization<br><input type="checkbox"/> Social Service Organization<br><input type="checkbox"/> Environmental Organization<br><input type="checkbox"/> Arts Organization<br><input type="checkbox"/> Community Foundation<br><input type="checkbox"/> Other Nonprofit Organization | <input type="checkbox"/> Financial Planning Practice/Firm<br><input type="checkbox"/> Insurance Company/Firm<br><input type="checkbox"/> Accounting Practice/Firm<br><input type="checkbox"/> Law Practice/Firm<br><input type="checkbox"/> Consulting Practice/Firm<br><input type="checkbox"/> Bank or Trust Company<br><input type="checkbox"/> Brokerage Firm<br><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 PPP-affiliated council? Yes No

If so, which council(s)? \_\_\_\_\_