



PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA

P.O. Box 52016
 Irvine, CA 92619
 (949) 681-8046
 Toll Free: (844) 211-3151
 Fax (949) 242-0925

Dear Potential PFAC Affiliate Member:

Thank you for your interest in the Professional Fiduciary Association of California.

In order to assist you in the application process, we have provided the following checklist. Please forward your completed packet to the PFAC Association Headquarters by email, mail or fax at:

- EMAIL:** kfix@pfac-pro.org
- FAX:** (949) 242-0925
- MAIL:** PFAC – Attn: Membership
 P.O. Box 52016
 Irvine, CA 92619

PFAC Affiliate Membership Check List:

- Completed application**
- Copy of ID**
- Resume**
- Application Fee:** (see pro-rated fee schedule on the following page)
 - I have enclosed or mailed a check, or I would like to pay by credit card, please call me for payment
- Copy of education degrees and/or certificates**
- (2) Letters of Professional Reference** (one must be a PFAC Member Fiduciary) **1** **2**

Please follow up with your references to ensure that each reference letter has been sent to the PFAC office signed, dated and with business card attached.

Year: _____

For office use only

| | | | |
|------------------------------|--|---------------|--|
| Received app | | Welcome email | |
| App completed | | Cert | |
| Submitted to committee | | Letter | |
| Approved/Denied | | Packet sent | |
| Payment Type | | Sugita | |
| Dues Amount | | Schwarcz | |
| Payment processed | | Verna | |
| Entered in Database | | Wilson | |
| Entered in Newsletter system | | Gunther | |
| Affiliates sent to directory | | Baxter | |



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PFAC Pro-rated Fee Schedule

New Members Only

Please make checks payable to: **PFAC.**

| If Applying in the Month of: | Affiliate Individual Membership | Affiliate Organization Membership (includes 3 members) | Affiliate Organization Membership (each additional member) |
|------------------------------|---------------------------------|--|--|
| January | \$250.00 | \$500.00 | \$300.00 |
| February | \$229.17 | \$458.33 | \$275.00 |
| March | \$208.34 | \$416.66 | \$250.00 |
| April | \$187.51 | \$374.99 | \$225.00 |
| May | \$166.68 | \$333.32 | \$200.00 |
| June | \$145.85 | \$291.65 | \$175.00 |
| July | \$125.02 | \$249.98 | \$150.00 |
| August | \$104.19 | \$208.31 | \$125.00 |
| September | \$83.36 | \$166.64 | \$100.00 |
| October | \$62.53 | \$124.97 | \$75.00 |
| November | \$41.70 | \$83.30 | \$50.00 |
| December | \$20.87 | \$41.63 | \$25.00 |

Special offer. If applying in December, you may pay for the following year in full and receive the month of December complimentary.



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Affiliate of National Guardianship Assn.

AFFILIATE MEMBERSHIP APPLICATION

I am applying for: Affiliate Individual Affiliate Corporate

PLEASE REFER TO PRO-RATED FEE SCHEDULE FOR APPROPRIATE AMOUNT

PLEASE PRINT AND ANSWER ALL QUESTIONS

PLEASE MARK REGION: NORTHERN CALIFORNIA SOUTHERN CALIFORNIA SAN DIEGO

Business Name: _____

Contact Name & Mailing Address:

Phone: _____
Fax: _____
E-Mail: _____

Employee 2: _____ **Employee 3:** _____
Email: _____ **Email:** _____

LICENSES, CERTIFICATIONS AND PROFESSIONAL MEMBERSHIPS:

PROFESSIONAL/BUSINESS EXPERIENCE for the past 10 years:

| FIRM NAME, ADDRESS, PHONE | POSITION | YEARS IN POSITION |
|---------------------------|----------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

WHAT IS YOUR BUSINESS MISSION STATEMENT?

REFERENCES - List two professional references (not related) who can attest to your work.

NOTE: At least ONE reference needs to be a PFAC Fiduciary Member

ENCLOSED IS A COPY OF A FORM LETTER TO PROVIDE TO TWO REFERENCES.
PLEASE INSTRUCT YOUR REFERENCES TO FORWARD THEM TO PFAC'S MEMBERSHIP COORDINATOR AT:
P.O. Box 52016, Irvine, CA 92619

| NAME OF PROFESSIONAL | PHONE & COMPLETE ADDRESS | YEARS KNOWN |
|----------------------|--------------------------|-------------|
|----------------------|--------------------------|-------------|

Describe why you are interested in becoming an AFFILIATE Member of PFAC? How will you help further PFAC's goals?

CERTIFICATION

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge. If accepted as an AFFILIATE member of PFAC, I understand and agree to support PFAC Fiduciary Members and abide by the Standards and Code of Ethics of this Association in maintaining professional conduct and am familiar with Article V of the PFAC Bylaws.

NAME

DATE



Affiliate of National Guardianship Assn.

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RE: Affiliate Membership in the Professional Fiduciary Association of California

Dear _____:

_____ has given your name as a reference for membership in the PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA (PFAC). We would appreciate a moment of your time to answer the following questions about the applicant:

How long have you known the applicant? _____

Has this been in a professional or personal capacity? Please explain briefly.

Would you recommend this person professionally? _____

Would you recommend this person morally & ethically? _____

We would appreciate any comments about the applicant so that PFAC can make an informed decision about his/her potential Affiliate Membership.

Signature of Reference

Please Attach Business Card

Date Signed: _____

Thank you for your prompt attention.

Sincerely,

Membership Coordinator

kfix@pfac-pro.org

Return by mail or email.

2017 MEMBER RENEWAL - Electronic Transmission by the Corporation Notice Pursuant to the California Corporations Code Section 20

As a member and/or officer or director of the Professional Fiduciary Association of California ("PFAC"), you may receive communications from PFAC electronically. Such electronic communications may include those delivered by (1) electronic mail (e-mail) or facsimile telecommunication when directed to the e-mail address or facsimile number, respectively, for you on record with PFAC, (2) posting on an electronic message board or network which PFAC has designated for those communications, together with a separate notice to you of the posting, or (3) other means of electronic communication, that creates a record that is capable of retention, retrieval, and review, and that may thereafter be rendered into clearly legible tangible form. Please read the following statement of your rights before consenting to this method of delivering communications to you.

Application of Consent. Your consent below applies to ALL communications from PFAC, including without limitation meeting and event notices, records and other information and communications provided to you by PFAC. Unless it is withdrawn as provided below, the consent will continue to apply as long as you are a PFAC member and/or officer or director and replaces any right to have such communications provided or made available on paper or in non-electronic form.

Right to Withdraw. You have the right to withdraw your consent at any time. If you wish to withdraw your consent to receive communications electronically, you must e-mail PFAC@PFAC-pro.org with that specific request or call 844.211.3151 Monday through Friday, 9 a.m. to 5 p.m. Pacific Time, with that specific request.

Lack or Withdrawal of Consent. If you do not consent or consent and later withdraw your consent, you will thereafter receive, on paper, only those items which, in the judgment of PFAC management, are required by the California Corporations Code for governance of the organization, such as, for example, ballots and notices of official member meetings. You will not receive any other items (either on paper or electronically) such as, for example, news item e-blasts, newsletters and educational event and conference information, other than as they might possibly be viewed on the PFAC web site.

Your Consent. Please indicate your consent to receiving all communications from PFAC electronically, as indicated above, and in accordance with the above terms, by clicking on the "I Agree" button below. In addition, by paying any attached invoice or otherwise paying your PFAC membership dues, you consent to receiving all communications from PFAC electronically, unless you have specifically informed PFAC to the contrary.