



# Professional Membership Application

**Attorney Name:** \_\_\_\_\_

**Law Firm:** \_\_\_\_\_

**Attorney Email Address:** \_\_\_\_\_

**Law Firm Phone Number:** \_\_\_\_\_

**Law Firm Fax Number:** \_\_\_\_\_

**Law Firm Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please check here if this is a renewal of your PLAN professional membership.
- Please check here if you would not like to renew your PLAN professional membership.

**Please mail or email this completed form to PLAN. Your membership dues are \$125.00 made payable to *PLAN of CT* via check:**

**PLAN of CT**  
P. O. Box 290937  
Wethersfield, CT 06129  
info@planofct.org

## **Included in your professional membership:**

- Professional Members are listed on our widely circulated directory online as well as sent to families.
- You will receive invitations to future professional member seminars.
- Expect to receive a PLAN of CT welcome folder filled with our pre-drafted trust language and corresponding documents with new membership applications; you will also receive online access to them.
- This PLAN membership is valid for **one year**. You or your firm must renew annually to continue submitting trust applications to PLAN. Only one member of your firm needs to be a PLAN Professional Member in order for your whole firm to be able to submit applications.
- Only the attorney denoted above on this application will be listed on our professional directory. Additional attorneys can complete this form and pay separate \$125.00 dues to have their names listed as well.

## **Helpful Information:**

- We will send you a renewal notice the month before your membership expires.
- If your contact information changes during your membership, please notify us at the email above.
- Our trust committee meets **every second Thursday of the month** to approve new trusts, please submit all trust documents for our review by the **deadline of the prior Friday**.