

PROFESSIONAL ADVISORY COMMITTEE NEW MEMBERSHIP APPLICATION

*Name:		
(Include: credential, license or title, as	you would like it to appe	ear in Foundation literature)
* Profession : \square Attorney \square Insurance	e \square Banker \square Accounta	nt \square Financial Advisor/Asset Management
Type of Attorney	Trust Officers	/Banks \square Other:
*Business Name and Address:		
*Office Phone:	Cell Phone:	
*E-mail:		*Number of years in the field:
*Birth date mm/dd/yyyy:	/ /	<u> </u>
*Referred by (Two PAC Members, if p	possible):	
*Reason for your interest in joining the	he Professional Advisory	y Committee:
Community Foundation of the Jewisl Mission Statement and Guidelines for on this form and email it to Erica Gor timely manner, and a membership co	h Federation of South F PAC membership. Upon don at the email address mmittee member will co	for membership of the Professional Advisory
Name (Please print clearly)	1	Signature / Date

Page 1 10/18/2023



PAC MISSION STATEMENT

- To educate professionals from a variety of disciplines about planned giving opportunities for clients and to provide them with a forum for networking to help facilitate the transition to Federation and Beneficiary Agency Boards.
- To encourage professionals to promote the concept of planned giving and to educate potential donors about the benefits of giving back to the Jewish community and to the individual donor.
- To help advisors enhance skills through seminars featuring nationally recognized and local planned giving, estate planning and financial experts.

GUIDELINES FOR MEMBERSHIP

MEMBERSHIP QUALIFICATIONS:

- 1. Professionals in good standing engaged in the field of estate planning as an Attorney, Accountant, Financial Advisor/Asset Management, Private Banker, Insurance Professional, Trust Officer, or Planned Giving Professional employed by or consulting with a 501(c)(3).
- 2. All members of the Professional Advisory Committee over the age of 35 must contribute a minimum annual gift of \$1,000 to the Federation Annual Campaign.
- 3. All members of the Professional Advisory Committee 35 years of age and below must contribute a minimum annual gift of \$500 to the Federation Annual Campaign.
- 4. All members must be committed to the development of endowments and legacy gifts to the Jacobson Jewish Community Foundation.
- 5. Must be a resident of or practice in the Jewish Federation of South Palm Beach County area.
- 6. All members are encouraged to tour the Jewish Federation of SPBC campus.

Membership Responsibilities:

- 1. Educate, encourage and solicit clients/potential donors to commit financial resources to the Foundation, Federation and its Beneficiary Agencies.
- 2. Strongly encouraged to serve on at least one sub-committee, and attend at least two PAC sponsored events.

Page 2 10/18/2023



- 3. Upon request, assist Foundation Director, other members of the Professional Advisory Committee or donor's counsel with member's expertise through research, advice or consultation.
- 4. Assist in contacting other professionals to inform them of the Foundation's programs and activities.
- 5. Help recruit new members and encourage them to discuss and guide their clients towards planned giving to the Jacobson Jewish Community Foundation.

Membership Conduct:

- 1. Refrain from using committee membership in public advertising.
- 2. Avoid soliciting your professional services to donors who have been referred to you for consultation.
- 3. PAC members shall conduct themselves in a professional, ethical and honest manner at all times.
- 4. No mass emails to PAC membership.

PROFESSIONAL ADVISORY COMMITTEE GIVING STANDARDS

In order to remain on the Professional Advisory Committee, members must be current in their payment of pledges (within one year) or have made arrangements for a payment plan. Consideration should be given to participate in planned giving programs through the Foundation including a Donor Advised Fund (DAF), Perpetual Annual Campaign Endowment (PACE), Lion of Judah Endowment (LOJE) or other endowment fund.

*YOUR PLEDGE FOR THE FEDERATION 2023 ANNUAL CAMPAIGN:

☐ Over age 35 — minimum annual gift	\$1,000	
☐ Until age 35 – minimum annual gift	\$ 500	
Amount (if different from above):		

Page 3 10/18/2023

^{*}SIGNATURE REQUIRED ON NEXT PAGE.

^{*}IF YOU CHOOSE TO MAKE A PAYMENT HERE, THE PAYMENT FORM IS ON THE NEXT PAGE.

^{*}required information



PAYMENT FOR PAC MEMBERSHIP

□ For vo	DAF Payment in the amount of \$urr convenience, we offer a monthly payment option. Please inquire to Erica Gordon for this
optioi	
Dlaga	sign this membership form and email it back to Erica Gordon at EricaG@bocafed.org as your
	e and commitment to PAC for the 2024 Annual Campaign (September 1 – August 31).
pledg <i>I certi</i>	
pledg I certi will a	e and commitment to PAC for the 2024 Annual Campaign (September 1 – August 31). Fy that I accept the requirements for membership of the Professional Advisory Committee and

Director, Foundation Development at <u>EricaG@bocafed.org</u> or (561) 852-3114.

For questions or to submit this application, please contact Erica Gordon,

Page 4 10/18/2023