



Membership Application Packet

Basic Membership (Associate) · Certified Independent Trustee · Certified Master Trustee

Thank you for your interest in the Independent Trustee Alliance! The ITA is a professional association founded by Independent (non-corporate) Trustees serving families and family offices. ITA members are dedicated to providing support and continuing education for members of this rising profession and welcome those who are serving as a trustee for their family and those professionals involved in estate planning who seek alliances with others to better serve their clients. All are welcome!

To Join – For those trustees, professionals or laypersons who want to support ITA and utilize its resources, please complete Section 1 of the packet and mail it to the address below, along with your check of \$150 (Annual Dues). Your membership will be confirmed in approximately 2 weeks.

Members have access to an individually underwritten PPO health plan with year round enrollment administered by Cigna and Trustee Liability Insurance at pre-negotiated premiums.

To apply for certification which demonstrates your commitment, experience and professionalism, please fill in all of the membership packet (Sections 1 & 2), and provide the contact information for your character references. Annual dues of \$150 (plus the Certification fee) should be mailed in along with your completed application. You will need to provide a blank character reference form (Page 3) to each of your listed contacts, and ask them to mail the completed form to the address below, as soon as possible. Certification will be confirmed in 4-6 weeks.

ITA Membership
c/o Richard Neely, Treasurer
4925 Greenville Ave., Suite 1400
Dallas, TX 75206-4085
www.TrusteeAlliance.com

SECTION 1 ITA MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name:		
Company:	Title:	Phone:
Business address:		
City:	State:	ZIP Code:
Website/LinkedIn:		Email:

Which type of membership are you seeking?

Associate
 Certified Independent Trustee
 Certified Master Trustee
 (Please mark with an X)
 \$150 Annual Dues
 \$125 one-time fee + \$100 annual dues (\$225)
 \$300 one-time fee + \$100 annual dues (\$400)

Check must be included with application and mailed to: ITA Membership, c/o Richard Neely, Treasurer 4925 Greenville Ave., Suite 1400 Dallas, TX 75206-4085

WHY ARE YOU INTERESTED IN JOINING ITA?

HOW DID YOU LEARN ABOUT ITA

Please tell us how you came to ITA so we can continue to improve our outreach efforts. Please highlight all that apply. Thank you.

LinkedIn
 Ad
 Article
 Personal Invitation
 Email
 Facebook
 Postcard

Web Search (what search terms did you use) _____

Other: _____

MEMBERSHIP IN OTHER ORGANIZATIONS

Name of Organization:		
Organization Website:	Member Since:	Phone:
Name of Organization:		
Organization Website:	Member Since:	Phone:
Name of Organization:		
Organization Website:	Member Since:	Phone:

By signing below, I agree to adhere to the ITA Code of Ethics and Member Best Practices while a member of ITA. I agree to keep records of my acquired continuing education and agree to adhere to the minimum continuing education requirements for my membership level. I agree to pay my dues annually. I agree that violation of the ITA Code of Ethics and Member Best Practices may be grounds for rescission of my certification, or of my membership, at the sole discretion of the ITA Board.

I authorize the verification of the information provided on this form as to my identity, experience and education for my membership level. I have kept a copy of this application for my records.

Signature of applicant:	Date:
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For internal use only: ___/___/___ Date rec'd - Membership Confirmed ___/___/___ Member #

**SECTION 2
COMPLETE IF APPLYING FOR CERTIFICATION**

APPLICANT NAME _____ **ITA MEMBERSHIP NUMBER (IF CURRENT MEMBER)** _____

CHARACTER REFERENCES FOR CERTIFICATION ONLY (5 NAMES FOR CIT, 10 NAMES FOR CMT)

Name & Title	E-Mail Address	Phone

You will need to provide the character reference form (Page 3 of this packet) to each person you list above and ask that the completed form be sent directly to ITA. ITA may need to contact your character reference to verify information, and the time required to confirm your certification is directly related to how long it takes to get your character reference forms mailed to us. Thank you.

EXPERIENCE INFORMATION

Current profession or licenses:	
Tell us about your work (please attach separate sheet, resume or CV will be accepted):	How long have you been in this profession? Annual Units of CE Req'd _____
Other Certifications (please spell them out and provide certifying organization name/website with year acquired):	
	State _____ Since Year _____
	State _____ Since Year _____
Circle types of Trusts you have administered: IRREV REV CRT SNT GRAT ILIT OTHER	Years as an Independent Trustee _____

EDUCATION INFORMATION

Highest grade or degree acquired:	
School:	Graduation Year
City, ST:	Certificate:
Any additional education:	
School:	Graduation Year
City, ST:	Certificate:
Describe any special training:	

Internal Use Only – Certification Application Received:	Date:
Membership accepted as of _____ Date Member Number _____	All References received and accepted Date: _____
By _____	Dues Paid Date:
Print Name: _____	Annual Renewal Date:
Title: _____	

Independent Trustee Alliance - Character Reference

ITA Membership, c/o Richard Neely, Treasurer 4925 Greenville Ave., Suite 1400 Dallas, TX 75206-4085

Dear _____,

I have given your name as a character reference so I can be certified by the **Independent Trustee Alliance (ITA)** as a Certified Independent Trustee (CIT, 0-9 years experience) or Certified Master Trustee (CMT, 10+ years experience). Thank you for mailing this to the address above, as soon as possible, or emailing it to Info@TrusteeAlliance.com

Your reply will be kept confidential and not shared with me, the applicant. I have provided your name, title, email address and phone number to ITA as the membership committee may have further questions. Thank you for your time and support of the application process. Learn more about ITA, please visit: **www.TrusteeAlliance.com**

Applicant Name: _____

MEMBERSHIP CATEGORY (please highlight one):

ITA Certified Independent Trustee · ITA Certified Master Trustee

1. What is the applicant's knowledge of Trusts and Trust Administration?
2. Tell us about the reputation and business of the applicant.
3. How do you know the applicant? What is the nature of your work and experience?
4. Please share your comments on the character of the applicant.

Signature of Respondent, Date

Print Name: _____ Phone: _____-_____-_____

Please return this form to the address above within 14 days of receipt, or email to info@TrusteeAlliance.com - Thank you!!