



Affiliate of National Guardianship Assn.

PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA

One Capitol Mall, Suite 320
Sacramento, CA 95814
(916) 669-5330
Toll Free: 866-886-7322
Fax (916) 444-7462

Send copy of this form to 3 references

RE: 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 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 membership.

Signature of Reference

Please Attach Business Card
