

ESTATE PLANNING COUNCIL OF SOUTHWEST WASHINGTON

MEMBERSHIP APPLICATION

Prior to completing your application for membership, please review Article 3 in our Bylaws to ensure that you qualify for membership. The Bylaws may be sent to you upon request.

Name: _____

Firm Name & Business Address: _____ Phone _____

Email address: _____

Residence address: _____ Phone _____

Mail to be sent to: Residence Business

Occupation/Position: _____

EDUCATION:

	<u>College/University</u>	<u>Degree Granted</u>	<u>Year</u>
Undergraduate	_____	_____	_____
Graduate	_____	_____	_____
Post-Graduate	_____	_____	_____

PROFESSIONAL QUALIFICATIONS:

Please indicate the number of years that you have practiced estate planning as a significant portion (approximately 50%) of your practice: (5 years minimum required) _____.

ATTORNEY:

Number of years of practice in your profession: _____

Year admitted to Washington Bar Association: _____

Other states and year admitted: _____

CERTIFIED PUBLIC ACCOUNTANT:

Number of years of practice in your profession: _____

Are you presently in practice? Yes No

Year you obtained Certificate in Washington: _____

Other states and year admitted: _____

CERTIFIED TRUST AND FINANCIAL ADVISOR OR TRUST ADMINISTRATOR:

Number of years of practice in your profession: _____

Number of years in estate planning: _____

Qualifying designation: _____ Date obtained: _____ None

CERTIFIED FINANCIAL PLANNER AND CHARTERED FINANCIAL ANALYST:

Number of years of practice in your profession: _____

Securities licenses held: _____

Insurance licensed: Yes No States licensed in: _____

Area of specialty: _____

Qualifying designations: Yes Date(s) obtained: _____ None

Member of the Financial Planning Association (FPA): Yes No

CHARTERED LIFE UNDERWRITERS OR LIFE INSURANCE PROFESSIONALS:

Number of years of practice in your profession: _____

Securities licenses held: _____

Insurance licensed: Yes No States licensed in: _____

Area of specialty, if any: _____

Qualifying designations: Yes Date(s) obtained: _____ None

CHARITABLE PLANNED GIVING PROFESSIONALS:

Number of years of practice in your profession: _____

Number of years in estate planning: _____

Qualifying designations: _____ Date(s) obtained: _____ None

ASSOCIATE MEMBERS:

If you do not qualify under our guidelines, you can be an Associate Member. You must still have at least five years' experience in estate planning. Describe your work and how it relates to estate planning. _____

ADDITIONAL INFORMATION:

If you qualify for more than one category, please indicate which category you prefer: _____

Please comment on the ways in which you plan to contribute to the good of the council during your membership:

- I can be a speaker on _____
 - I can serve on committees: Yes
 - I am interest in serving on the Board of Directors: Yes
 - I can help obtain quality speakers: Yes Please note speakers(s) names and topics
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Submitted this _____ day of _____, 20____. _____

Applicant Signature

ALL APPLICANTS

Please use a separate sheet and state your general background in the area of estate planning and why you would like to become a member of the Estate Planning Council of Southwest Washington. You should comment on any area of expertise you have for the benefit of the Membership Committee.

In addition, please obtain two reference letters from existing Council members, recommending you for membership and stating that to the best of their knowledge, you are fully qualified to be a council member. The references must not be from members practicing in your firm and they must be from two different professions. If you are applying for membership outside of the above-mentioned membership categories, please provide your designation(s), if any, and indicate the number of years you have been actively engaged in estate planning.

Thank you for your interest in joining the Estate Planning Council of Southwest Washington. Please return your completed application via email to our administrator:

Melanie Lewis
melanielewisbiz@gmail.com