



National Association of Estate Planners & Councils

1120 Chester Avenue - Suite 470, Cleveland, Ohio 44114

INDIVIDUAL / AT-LARGE MEMBERSHIP APPLICATION

PLEASE NOTE: THIS IS **NOT** AN APPLICATION TO OBTAIN THE ACCREDITED ESTATE PLANNER (AEP) DESIGNATION.

- Application will be complete upon return of this page and \$80 Annual Dues to the address at the bottom of the page.
- Individual / At-Large applications will be accepted from persons that do not have an affiliated local council within a reasonable distance to their home or business address.

Name: _____

Title: _____

Primary Discipline: ___Attorney ___CPA ___CLU ___CFP®/ChFC ___CTFA

Firm/Business: _____

Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Home Address: _____

City, State & Zip: _____

Home Telephone: _____ Alternative E-Mail: _____

Social Security Number: _____



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MEMBERSHIP QUALIFICATIONS

- Applicants must qualify within one of the disciplines listed below.
- Applicants must be sponsored by three individuals that are not related to or within the same firm as the applicant. The sponsors must be from three different disciplines and one must be from within the same professional discipline as the applicant. Sponsors must state that they have known you; you are actively engaged in the practice of estate planning; you are well regarded in your community for your professional ability in estate planning matters, and your professional ethics.

I am () an Attorney licensed to practice in the State of _____.

I am () a Certified Public Accountant (CPA) in the State of _____.

I am () a Chartered Life Underwriter (CLU).

I am () a Trust Officer (CTFA).

I am () a Chartered Financial Consultant (ChFC).

I am () a Certified Financial Planner (CFP).

I am a member of _____ Estate
Planning Council located in _____.

SPONSORSHIP INFORMATION

The undersigned do hereby sponsor this applicant for membership in the NAEPC. We certify that they are actively engaged in estate planning and certify that they are well regarded in the community for their professional ability in estate planning matters and professional ethics.

Name: _____

Firm Name: _____

Discipline: _____

Telephone: _____ E-Mail: _____

Name: _____

Firm Name: _____

Discipline: _____

Telephone: _____ E-Mail: _____

Name: _____

Firm Name: _____

Discipline: _____

Telephone: _____ E-Mail: _____

VERIFICATION

I verify that all of the information I have provided in this application is true and correct.

Signature

Date