

AT-LARGE MEMBERSHIP INFORMATION

At-Large membership is available to those:

- a) who are actively and substantially engaged in the estate planning process, and
- b) for whom membership in an affiliated local council is not available*, and
- c) who hold one or more of the qualifying professional designations or credentials required to become an Accredited Estate Planner® designee.

APPLICATION

This application cannot be used to apply for the Accredited Estate Planner® Designation.

Name			
Date of Birth			
Professional Designation(s) / Degree(s)			
Name of Firm or Organization			
Title			
Business Address			
City	State	Zip	
Telephone Number	Cell Number		
Email Address			
Website Address for listing on NAEPC Website			
Home Address			
City	State	Zip	
Home Telephone Number			
Alternate Email Address			
My primary discipline is:			
legal	philanthropy		
accounting	trust	services	
insurance / financial planning			



EXPERIENCE REQUIREMENT	ima ta tha actata planning activities based on the	
I devote a minimum of one-third of my professional to NAEPC definition of estate planning.	Current Year % Last Year %	
ESTATE PLANNING COUNCIL MEMBERSHIP Please explain why membership in an affiliated local council is not available to you.		
driving time); limits on the number of members per di NAEPC; or other criteria that prevent one from member membership is not available for any of the foregoing is	ership. If affiliated local estate planning council reasons, one may maintain At-Large membership in of an affiliated local estate planning council. <u>It is your</u>	
CREDENTIAL REQUIREMENT (please include all that aCPA Certificate NumberState Bar License NumberCLU® Student Identification NumberChFC® Student Identification NumberCFP® Identification NumberCFA Charter Number	pply) CTFA Identification Number CPWA® Identification Number CAP® Student Identification Number CSPG Identification Number MSFS Student Identification Number MST Student Identification Number	
PAYMENT Make check payable to NAEPC and mail to the addres MC / AMEX and submit via mail or fax.	s at the top of the page or pay with DISCOVER / VISA /	
Card Number:	Exp. Date:	
Signature:	Amount:*for your safety, please do not email a credit card number	
must reassess the availability of affiliated local counci	his application is true and correct and understand that I	
Signature	Date	