ESTATE PLANNING
COUNCIL OF ERIE

MEMBERSHIP
APPLICATION

NAME:

DATE:

OFFICE ADDRESS:

FIRM:

EMAIL:

PHONE NUMBER:

I AM APPLYING FOR MEMBERSHIP AS:

- ☐ Attorney
- ☐ Certified Financial Planner
- ☐ Certified Public Accountant
- ☐ Chartered Life Underwriter
- ☐ Other (please specify): _____
- ☐ Trust Officer or Bank Representative
- ☐ Life Underwriter
- ☐ Series 7, NASD Licensed Broker
- ☐ Planned Giving Officer

Please comment about your personal and business background, professional memberships and associations:

_____

_____

_____

Approved by the Membership Committee:

Per _____
President

_____
Date of Approval

Approved by the Council:

Per _____
Secretary

_____
Date of Approval

THANK YOU FOR YOUR APPLICATION!

SIGANTURE OF APPLICANT: _____