



Estate Planning Council of Manatee County

MEMBERSHIP APPLICATION

1. Name: _____ Telephone (business): _____
 Telephone (residence): _____
 Preferred Name for Name Tag: _____ Facsimile: _____
 Email: _____
 Firm Name & Address _____

Mailing Address (if different from above): _____

2. I have been a resident of _____ for _____ years

3. I have been actively engaged in the practice of the _____ profession in
 _____ County, _____ (state) since _____ (year).

4. I am a(n):
 _____ Attorney _____ Certified Public Accountant (CPA)
 _____ Chartered Life Underwriter (CLU) _____ Certified Trust and Financial Advisor (CTFA)
 _____ Chartered Financial Consultant (ChFC) _____ Certified Financial Planner (CFP)

5. I have received the following academic degrees:

Degree	Institution	Year
_____	_____	_____
_____	_____	_____

6. I am or have been an officer in the following organizations:

7. Other achievements, awards, honors in my profession:

8. If you are a member of another Estate Planning Council, which one? _____

9. Describe the extent of your involvement in the estate planning process:

10. Recommended by (The recommending member must be a member in good standing of the Estate Planning Council; the recommending member need not be a member of the same profession as the applicant):

 Member Signature Date

 Applicant's Signature Date

**Please remit form and check for \$195 to: Estate Planning Council of Manatee County
P.O. Box 125 - Bradenton, FL 34206**