

**ESTATE PLANNING COUNCIL OF MANATEE COUNTY, FLORIDA
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**