

MEMBERSHIP APPLICATION

NAME: _____ **DOB:** _____ **TITLE:** _____

DESIGNATION(S) & LICENSE #: _____ **EMAIL:** _____

FIRM: _____ **OFFICE PHONE:** _____ **CELL:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

*** REFERRING/SPONSOR MEMBER (AND IS FIRST TO SIGN BELOW):** _____

<input type="checkbox"/> I am applying for Regular Membership A person who has received (1) his/her particular professional designation, (2) has a minimum of two years' experience in estate planning after receiving his/her particular professional designation and (3) is currently actively engaged in the practice of estate planning.	<input type="checkbox"/> I am applying for Provisional Membership A person who has (1) met all other requirements of regular membership, but (2) does not have two years' experience in estate planning after receiving his/her particular professional designation.	<input type="checkbox"/> I am applying for Associate Membership A person who (1) is a professional associate with the practice of estate planning, but (2) does not meet the criteria of one of the membership categories of discipline.
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I have actively engaged in estate planning for _____ years in the following field and I am in good standing with my professional association(s):

- I am an Attorney since _____ (Month/Year) and am in good standing with the Alabama State Bar Association.
- I am a Certified Public Accountant since _____ (Month/Year).
- I am an Officer of the Trust Department of a Bank or Trust Company since _____ (Month/Year).
- I am a Chartered Life Underwriter and/or Chartered Financial Consultant since _____ (Month/Year) and in good standing with the National Association of Underwriters.
- I am a Certified Financial Planner since _____ (Month/Year).

PLEASE NOTE: Each of the Sponsors below MUST be a regular member and each sponsor MUST be from a different discipline. Disciplines: (1) Trust; (2) Financial Planning and/or Insurance; (3) Accounting; (4) Attorney; (5) AEP (can't sign as other discipline)

Applicant	
_____	_____
<i>Print Name</i>	<i>Print Discipline</i>
_____	_____
<i>Signature</i>	<i>Date</i>

*First Sponsor/Discipline	
_____	_____
<i>Print Name</i>	<i>Print Discipline</i>
_____	_____
<i>Signature</i>	<i>Date</i>

Second Sponsor/Discipline	
_____	_____
<i>Print Name</i>	<i>Print Discipline</i>
_____	_____
<i>Signature</i>	<i>Date</i>

Third Sponsor/Discipline	
_____	_____
<i>Print Name</i>	<i>Print Discipline</i>
_____	_____
<i>Signature</i>	<i>Date</i>

SEND COMPLETED FORM TO: Sandy Sudd, Administrator
 Estate Planning Council of Birmingham, Inc.
 PO Box 1691
 Birmingham, AL 35201 or Email to: administrator@birminghamepc.org

If/when approved by Board, an invoice will be sent for \$400 (\$100 initial processing fee and \$300 membership dues)