



## 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): \_\_\_\_\_

☐ 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.

☐ 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.

☐ 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.

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

Print Name \_\_\_\_\_ Print Discipline \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### \*First Sponsor/Discipline

Print Name \_\_\_\_\_ Print Discipline \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Second Sponsor/Discipline

Print Name \_\_\_\_\_ Print Discipline \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Third Sponsor/Discipline

Print Name \_\_\_\_\_ Print Discipline \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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](mailto:administrator@birminghamepc.org)

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