



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

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