



Name _____

Address _____

City _____ Zip Code _____

Phone _____ Fax _____

Email _____

Firm/Company Name _____

Title _____

Category:

- General Member : Individual Entity*
- Attorney (<50% estate planning/administration/probate) CPA/Enrolled Agent
- Life Insurance Agent Certified Financial Planner Wealth/Investment Advisor
- Certified Geriatric Care Manager Licensed Professional fiduciary/trust officer

*If an Entity:

Name and type of entity:

Name(s) and contact information of owners not listed above:

Resource Member: A related professional other than a General Member whose field includes a substantial nexus with estate planning or administration. Describe:

Associate: Qualifies as a General Member but for less than three years of full-time experience. Please identify your category under General Member above.

How long in the estate planning field: _____

How long at current firm/company? _____

College Degree: _____ Year Obtained _____

Postgraduate Degree: _____ Year Obtained _____

Professional Certification or Credentials _____

Duties typically performed and for whom:

Reasons for wanting to become a member:

Bio information (to be used for introduction and at website)

If you have made professional presentation and/or written publication, please list here:

Publications	Title	Publisher	Year
	_____	_____	_____
	_____	_____	_____

Speeches/ Presentations	Title	Publisher	Year
	_____	_____	_____
	_____	_____	_____

The above information is true to the best of my knowledge.

Applicant Signature

Date

Sponsor #1

1) In what professional circumstance do you have first-hand knowledge of this candidate?

2) What are the qualities this person possesses that would cause you to recommend him/her?

3) How do you think SBEPC and its members will benefit from this person's membership?

Member Signature

Printed Name

Date

Sponsor #2

1) In what professional circumstance do you have first-hand knowledge of this candidate?

2) What are the qualities this person possesses that would cause you to recommend him/her?

3) How do you think SBEPC and its members will benefit from this person's membership?

Member Signature

Printed Name

Date

Dues will be collected upon approval of application by the SBEPC Board of Directors. Dues are non-refundable.

Mail completed application to:

South Bay Estate Planning Council
c/o Marlowe Kepner
1145 6th Street, Hermosa Beach, CA 90254