



**South Bay Estate
Planning Council**

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____ Zip Code _____

Phone _____ Fax _____

Email _____

Firm/Company Name _____

Title _____

Category:

CPA Attorney Insurance CFP Fiduciaries & Trust Officers

Related Professional (please describe) _____

How long in the estate planning field? _____

How long at current firm/company? _____

Prior experience pertinent to Estate Planning? Please describe.

College Degree: _____ Year Obtained _____

Postgraduate Degree: _____ Year Obtained _____

Professional Certification or Credentials _____

What percentage of your time is devoted to estate planning, estate or trust administration work? _____ %

Duties typically performed and from whom:

Reasons for wanting to become a member:

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

If you have made professional presentations and/or written publications, please list here:

Publications	Title	Publisher	Year
	_____	_____	_____
	_____	_____	_____

Speeches/ Presentations	Title	Sponsor/Event	Year
	_____	_____	_____
	_____	_____	_____

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

_____	_____
Applicant Signature	Date

Sponsor #1

1) In what professional circumstances 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 the SBEPC and its members will benefit from this person's membership?

_____	_____	_____
Member Signature	Printed Name	Date

Sponsor #2

1) In what professional circumstances 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 the 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 SPEPC Board of Directors.