



ESTATE PLANNING  
COUNCIL OF ERIE

2 0 2 4

# MEMBERSHIP APPLICATION

**NAME:**

**DATE:**

**OFFICE ADDRESS:**

**FIRM:**

**EMAIL:**

**PHONE NUMBER:**

## I AM APPLYING FOR MEMBERSHIP AS:

- |  |   |
|--|---|
| <input type="checkbox"/> Attorney                    | <input type="checkbox"/> Trust Officer or Bank Representative |
| <input type="checkbox"/> Certified Financial Planner | <input type="checkbox"/> Life Underwriter                     |
| <input type="checkbox"/> Certified Public Accountant | <input type="checkbox"/> Series 7, NASD Licensed Broker       |
| <input type="checkbox"/> Chartered Life Underwriter  | <input type="checkbox"/> Planned Giving Officer               |

*Please comment about your personal and business background, professional memberships and associations:*

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Approved by the Membership Committee:

Per \_\_\_\_\_  
President

\_\_\_\_\_  
Date of Approval

Approved by the Council:

Per \_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date of Approval

**THANK YOU FOR YOUR APPLICATION!**

**SIGNATURE OF APPLICANT:**