

Roanoke Valley Estate Planning Council
Membership Application and Information Form

The purpose for this form is to assure that the candidate is qualified for membership in the Council. Please complete the form in its entirety and make certain the application is signed by the candidate and both the proposing and endorsing members. Please do not submit a check for the initiation fee and dues. The candidate will be billed once membership is approved. Forward the completed application directly to the Secretary of the Council.

Candidate's Name (and Nickname): _____

Firm Name: _____

Home Address: _____

Business Address: _____

Home Phone: _____

Place of Birth: _____

Business Phone: _____

Position Held: _____

e-mail address: _____

Fax: _____

Application Date: _____

Spouse's Name: _____

Please describe the manner in which you are actively and directly engaged in activities related to estate planning: _____

Professional Certifications and Membership in business and professional organizations: _____

Professional Designation (Members are separated in our membership directory based on their designations. If more than one designation applies, please select which area of the directory you wish to be included):

_____ Attorney

_____ Certified Public Accountant

_____ Life Underwriter

_____ Trust Company or Bank Trust Officer

_____ Certified Financial Planner

_____ College Development Officer

SIGNATURE of Candidate: _____

SIGNATURE of Member proposing candidate: _____

SIGNATURE of Member endorsing candidate: _____

President's approval (signature): _____ Date: _____