

# Stanislaus County Estate Planning Council

www.stanislausepc.org

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## MEMBERSHIP APPLICATION

Full Name: \_\_\_\_\_

Profession: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Education (College/University): \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Other Professional Organizations: \_\_\_\_\_

Describe applicant's background or interest in estate planning estate taxation and/or specialized fields, education, and courses relating to estate planning:

\_\_\_\_\_

\_\_\_\_\_

Professional category: \_\_\_\_\_

**(membership is limited to the following professions:  
Attorney, CPA, CLU, ChFC, CFP, and Trust Officer)**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Applicant recommended by:

\_\_\_\_\_  
Name of Recommending Member

\_\_\_\_\_  
Signature of Recommending Member

**Present the completed form to any board member or email to:  
Admin@StanislausEPC.org**