



Northwest Washington Estate Planning Council

P.O. Box 2488, Bellingham, WA 98227, <http://www.nwepc.org>

MEMBER: NATIONAL ASSOCIATION OF ESTATE PLANNERS & COUNCILS

MEMBERSHIP APPLICATION

Please provide the following information:

Your Name : _____ Business Phone: _____
 Your Title: _____ Cell Phone: _____
 Business Name: _____ Fax: _____
 Business Address: _____ E-mail: _____
 _____ Website: _____

How long have you been engaged in financial/estate planning in Northwest Washington: _____

- I am qualified to be a regular member. I hold the following professional designation(s) (check all that apply):
- A Certified Trust & Financial Advisor (CTFA)
 - An Executive Director of a Qualified Charity
 - A member of the National Association of Insurance and Financial Advisors, who is a:
 - Certified Life Underwriter (CLU)
 - Registered Health Underwriter (RHU)
 - Certified in Long Term Care (CLTC)
 - An Attorney licensed to practice by the Washington State Bar Association
 - A Certified Public Accountant (CPA) licensed to practice by the Washington State Board of Accountancy
 - A Certified Financial Planner (CFP)
 - A Chartered Financial Consultant (ChFC)
 - An Accredited Estate Planner (AEP) awarded by the National Association of Estate Planners & Councils
- I am applying to be an Associate Member since I do not hold any of the above professional designations.

In addition to the above professional designations, I would like the website to reflect the following professional descriptions/designations:

<input type="checkbox"/>	Accountant	<input type="checkbox"/>	Investment Advisor	<input type="checkbox"/>	Underwriter Training Council Fellow (LUTCF)
<input type="checkbox"/>	Financial Planner	<input type="checkbox"/>	Trust Officer	<input type="checkbox"/>	Accredited Investment Fiduciary (AIF)
<input type="checkbox"/>	Insurance Agent	<input type="checkbox"/>	Other Designation:	_____	

Applicant's Signature Date

*Sponsoring Member Signature Print Name Date

*Sponsoring Member Signature Print Name Date

Application accepted by Board: _____
NWEPC President's Signature Date

***NOTE: At least one sponsor must be a NWEPC Board member.**