**P.O. Box 2488, Bellingham, WA 98227**

[**http://www.nwepc.org**](http://www.nwepc.org)

**Member – National Association of Estate Planners & Councils**

**Membership Application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** Click here to enter name. | | | | |
| **Title:** Click here to enter title. | | | | |
| **Business Name:** Click here to enter business name | | | | |
| **Business Address:** Click here to enter address. | | | | |
| **City:** Click here to enter city. | | | **State & Zip Code: E**nter state/zip | |
| **Business Phone: E**nter phone. | | | **Mobile Phone:** Enter mobile. | |
| **Email:** Click here to enter email. | | | | |
| **Website:** Click here to enter URL. | | | | |
| **I have been engaged in financial and/or estate planning in Northwest Washington for** Click here to enter text. **years.** | | | | |
| **I am qualified to be a regular member and hold the following professional designation (PRIMARY DESIGNATION ONLY PLEASE)** | | | | |
|  | **AEP – accredited Estate Planner, accredited by the National Association of Estate Planners and Councils** | | | |
|  | **Attorney – licensed to practice law in the state of Washington** | | | |
|  | **CFP – Certified Financial Planner** | | | |
|  | **ChFC – Chartered Financial Consultant** | | | |
|  | **CLU – Certified Life Underwriter** | | | |
|  | **CLTC – Certified Long Term Care** | | | |
|  | **CPA – Certified Public Accountant, licensed to practice public accounting in the state of Washington** | | | |
|  | **CTFA – Certified Trust and Financial Advisor** | | | |
|  | **Executive Director of a charitable organization described in IRC§170(b)(1)(A), 170(c), or 2055(a)** | | | |
|  | **RHU – Registered Health Underwriter** | | | |
| **I am applying to be an Associate Member (I do not hold any of the above professional designations):** | | | | |
|  | **Accountant** | | | |
|  | **Financial Planner** | | | |
|  | **Insurance Agent** | | | |
|  | **Investment Advisor** | | | |
|  | **Trust Officer** | | | |
|  | **Other Job Title:** | | | |
| **Applicant Signature:** | | | | **Date:**Click for date |
|  | | | |  |
| **2 Members must sponsor (1 sponsor must be a NWEPC Board Member):** | | | | |
| **Member Name:** | | **Signature & Date:** | | |
| **Member Name:** | | **Signature & Date:** | | |
|  | | | |  |
| **APPLICATION ACCEPTED BY BOARD** | | | | |
| **NWEPC President Signature & Date:** | | | | |