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

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

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

**Membership Application**

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| **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 do not hold any of the above professional designations and am instead applying to be an Associate Member. My job title is as follows:** |
|[ ]  **Accountant** |
|[ ]  **Financial Planner** |
|[ ]  **Insurance Agent** |
|[ ]  **Investment Advisor** |
|[ ]  **Trust Officer** |
|[ ]  **Other Job Title:** |
| **If my application is approved, I would like my name badge to read as follows:** Click here to enter text. |
| **I was previously a NWEPC member (if applicable, list dates of previous membership):** Click here to enter text. |
| **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:** |