

**ESTATE PLANNING COUNCIL OF DIABLO VALLEY
APPLICATION FOR MEMBERSHIP**

NAME: _____

COMPANY: _____

STREET/CITY/ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

HOME ADDRESS: _____

_____ TELEPHONE: _____

MEMBERSHIP CATEGORIES: Indicate category under which you are applying:

ACTIVE MEMBER: (please refer to membership guidelines, and indicate which category you qualify under:

Attorney Certified Public Accountant Certified Financial Planner
 Trust Officer/ Private Fiduciary/Bank Rep Chartered Life Underwriter/Chartered Financial Consultant

ASSOCIATE MEMBER: Members who do not fit into the active member categories but who are clearly engaged in estate planning may be admitted at the discretion of the Board. Please provide relevant information on the reverse side of this form.

NOMINATION: Nomination by two members, who have been members for at least one year, is required.

Nominating members must have sufficient professional contact with the applicant to assert that the applicant meets the membership criteria. (Faxed signatures are acceptable but should be attached to this application form.)

<u>Printed Name</u>	<u>Signature</u>	<u>Years known</u>

I wish to become a member of the Estate Planning Council of Diablo Valley, and have attended at least one meeting within the last three months: _____ (date of meeting)

I have responded to the questions on the reverse side of this application, and I have provided you with a description of how I am actively involved in estate planning.

Enclosed is my check, payable to "Estate Planning Council of Diablo Valley" for the sum of \$25, which represents a one-time initiation fee. Upon acceptance, I understand that I will be billed for the annual dues of \$85.

Date: _____ Signature: _____

INFORMATION REGARDING YOUR QUALIFICATIONS FOR MEMBERSHIP:

YEARS OF EXPERIENCE: _____

PROFESSIONAL DESIGNATIONS: (If you are applying for active membership, you should indicate your professional designation on page one of the application.) Please indicate any other designations eg. CFA, Registered Investment Advisor, Enrolled Agent etc, below:

Please provide a statement describing your experience and professional activities in estate planning and why you believe you are qualified for membership. Please note that a minimum of three years of significant involvement in estate planning and/or administration of trusts and estates is required for active membership.

The Council considers the professional integrity of its members in making membership decisions. Have you ever been subject to discipline by the body responsible for your license or have you ever been denied a fidelity bond?

YES NO

If Yes, please attach an explanation:

Please mail your completed application and check to:

**Board of Directors of the Estate Planning Council of Diablo Valley
c/o The Association Office
781 McKean Place
Concord, CA 94518-2835**

If you have any questions regarding membership please contact _____ at _____