San Francisco Estate Planning Council

Membership Nomination Form - *please print clearly*

Name (w/suffix) _____

Title _____

Company _____

Address _____

City State Zip _____

Phone _____ Fax: _____

Email _____

Home Address _____

Home Phone _____ Cell: _____

Professional licenses held _____

Professional certificates held _____

1. Nominated for membership in the category checked below:

_____Accountant	_____Financial Services Provider	_____At Large
_____Attorney	_____Trust Officer	_____Academic

2. Are you a member of any other estate planning council (s)? _____

3. Are you actively professional involved in estate planning and/or estate administration? _____

4. Please attach a resume or statement describing briefly your experience and professional activities in estate planning and/or estate administration. A minimum of five years experience in these areas is required.

My reason for desiring membership is _____

_____

By signing below, I confirm that I understand Article II, Section 10, Paragraph A, Item v of the council's bylaws: *Any member, who fails to attend any three out of the five membership meetings during any fiscal year and has not been excused from absence, shall be deemed to have resigned and his or her membership terminated. Requests to be excused from attending a meeting must be made to the Council office is writing before the meeting or within a reasonable period of time afterwards, and the Board of Directors, be resolution, may determine whether or under what circumstances such requests will be granted.* The Council fiscal year is July 1 to June 30.

Signature: _____ Date: _____

Nominated by Two Current Council Members:

1) _____ _____
Printed Name Signature

2) _____ _____
Printed Name Signature

Return nomination form, resume and any statement to:
San Francisco Estate Planning Council - 781 McKean Place, Concord, CA 94518-2835 Phone/Fax 925.686.4819