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|  | Membership Application |

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

## Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  |  |  |  |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

## Attestations

1. I am currently a Trust Officer, Attorney, Chartered Life Underwriter, Certified Public Accountant, Certified Financial Planner, Planned Giving Officer, or other professional working in a trust and estate planning field which is subject to selection by the membership committee and approval of the Board of Directors.
2. I have been actively practicing in a trust and estate planning field for \_\_\_\_\_\_\_\_\_\_\_\_ years.
3. **Attached is a statement describing my trust and estate planning practice, industry experience and specifics ways I can contribute and add value to the Waukesha County Estate Planning Council, Ltd. (“WCEPC”).**
4. I agree to comply with the Articles, By-laws and/or Resolutions of WCEPC.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Names of two current WCEPC members in good-standing who support my application for membership:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_