

FRESNO ESTATE PLANNING COUNCIL Membership Application



Name:		
First	Middle	Last
Firm Name:		
Business Address:		Bus. Tele.
•		Email:
Title/Position:		With Firm Since:
College/University		
Year Graduated:	Degree(s):	Post Graduate:
2. I presently det 3. I maintain my 4. I hold the follo a Cert b Atto c Cert d Cha e Cha f Cert	ctively engaged in Estate Planning vote approximately% of primary business location in Fresh wing professional designations: (Ptified Public Accountant licensed by rney at Law licensed by the State Etified Financial Planner (CFP) urtered Life Underwriter (CLU) urtered Financial Consultant (ChFC) urtered Financial Analyst (CFA) tified Investment Management Analytified Trust and Financial Advisor (CFA)	o County: (Y) (N) lease check all that apply) the State of California Bar of California lyst (CIMA)
Associate Membership profession as well as a course of study which Associate Membership Please attach your chor to: P.O. Box 14087, P	one of the professional designation by (i) demonstrating a significant achievement in his or her profession will qualify him or her for full members should attach a detailed statement of the smount of \$210.00 paya	ble to Fresno Estate Planning Council and mail ur dues are paid through June 30th. Your check
I hereby apply for mer	nbership in the Fresno Estate Plan	ning Council in the one category checked below:
ATTORNEY		CERTIFIED PUBLIC ACCOUNTANT
FINANCIAL PROFESSIONAL (CFP, ChFC, CFA, CIMA, CTFA, CLU) ASSOCIATE MEMBER		Attorney, Certified Public Accountant, and Financial Professional comprise the "Full Member Categories."
I agree to abide by the	rules and by-laws of the Fresno E	state Planning Council.
Dated:	Signature:	
	Print/Type Name:	

RECOMMENDED BY:

<u>Full Membership</u>: One of the recommending parties <u>must</u> be of the same Full Membership Category sought by the Applicant (i.e., Attorney, Certified Public Accountant, or Financial Professional). The other must be from another Full Membership Category. Both must be members in good standing.

<u>Associate Membership</u>: Recommending parties must be members in good standing from different Full Membership Categories.

1	
(Signature)	(Print/Type Name)
2	
(Signature)	(Print/Type Name)
ACTION BY BOARD OF DIRECTORS	
Approved.	
Not Approved.	
Dated:	
FRESNO ESTATE PLANNING COUNCIL	
By:	
President	
Ву:	
Secretary	