**THE ESTATE PLANNING COUNCIL OF WINSTON-SALEM, INC.**

Membership Application

Name:

Firm:

Business Mailing Address:

Phone: Fax: E-Mail:

Professional Designation (check one):

* Attorney
* CPA
* CLU
* Trust Officer
* Other (Please describe):

Years of Service in Your Profession:

Please describe your estate planning experience:

Date Applicant Signature

Name of Sponsoring Member Signature of Sponsoring Member

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| **APPLICATION PROCESS** | |
| * Complete entire application and obtain signature of The Estate Planning Council of Winston-Salem, Inc. sponsoring member.   Email the completed application to:  Secretary  The Estate Planning Council of Winston-Salem, Inc.  estateplanningcouncilws@gmail.com | * Completed applications are reviewed periodically throughout the year by the Board Members. Your completed application should be submitted as soon as possible to ensure adequate review time prior to the Fall, Winter, or Spring meeting. * Do not submit money/check with your application. You will receive written notification of approval with an invoice for the annual dues. The annual dues may be prorated for new members based on the acceptance date of the application. |

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| **For The Estate Planning Council of Winston-Salem, Inc. Board Use Only**  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Dues Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |