

COLUMBIA ESTATE PLANNING COUNCIL
Application for Membership

**Print, complete, and mail the completed application to any CEPC Board member.
Signatures of TWO current CEPC members recommending the applicant are required.
Annual Membership Dues are \$95 (\$50 after July 1) – you will be billed upon acceptance.**

Name: _____ Title: _____

Email: _____

Office:

Firm/Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Home:

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

I have been a resident of _____, SC, for _____ years.

I am a member in good standing of:

- _____ Trust Officer
- _____ Certified Public Accountant
- _____ Chartered Life Underwriters
- _____ Attorney
- _____ Accredited Estate Planner
- _____ Certified Financial Planner
- _____ Chartered Financial Consultant
- _____ Other Professionals who are actively involved in estate planning process-
subject to Executive Committee Approval, attach detailed description of
your estate planning activities.

Recommended By:

Signature of Applicant

Date: _____

One of recommending members must be of the same profession as the applicant.

Executive Committee Action: _____

