

**COLUMBIA ESTATE PLANNING COUNCIL**  
**Application for Membership**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Office:**

Firm/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_