 

**MEMBERSHIP APPLICATION PROCESS**

Thank you for your interest in the Willamette Valley Estate Planning Council (WVEPC).  
The WVEPC exists to provide support, networking, and educational opportunities to estate planning professionals in the Mid-Willamette Valley. Monthly lunch meetings (September – May) feature

recognized speakers and high quality estate planning information to help our members better serve

their clients and their community.

**ESTATE PLANNING MEMBERSHIP DISCIPLINES AND REQUIRED CREDENTIALS**

* **Attorney** – admitted to the bar association of any state
* **Certified Public Accountant** – licensed in any state
* **Financial planner** - Certified Financial Planner (CFP®), Chartered Financial Consultant (ChFC®),  
   or a CPA with the Personal Financial Specialist (PFS) designation
* **Life insurance agent** - Chartered Life Underwriter (CLU®)
* **Trust officer** of a bank or trust company – CTFAis preferred but not required
* **Affiliated professional** – Development officer or planned giving professional of a 501 (c)(3) entity

**NEW MEMBERSHIP CATEGORIES AND ADDITIONAL REQUIREMENTS**

* **Professional Membership** – A minimum of five consecutive years of estate planning experience and

a minimum of five years of being certified or licensed, immediately preceding the date of application,  
in any one or a combination of the membership disciplines.

* **Associate Membership** – A minimum of two consecutive years of estate planning experience and  
  a minimum of two years of being certified or licensed, immediately preceding the date of application,

in any one or a combination of the membership disciplines.

Applicants must actively maintain office space in and provide estate planning services for clients primarily  
in the Mid-Willamette Valley.

Professional and Associate membership applications must be sponsored by a manager/partner/principal  
at the applicant’s firm and a current WVEPC member in good standing.

**MEMBERSHIP APPLICATION PROCESS**

Please complete the application for membership and mail or e-mail it the contact person on the form.  
The WVEPC Board of Directors will review your application (typically the first Thursday of the month)  
and contact you.

 

**APPLICATION FOR MEMBERSHIP**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company/Firm Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. and Street or P.O. Box

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

City State Zip Code

**Business Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Business Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Business E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation/Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment History and Estate Planning Experience** (past five years – please attach resume if necessary)

Employment dates at current firm: From \_\_\_\_\_\_\_\_ to present Focus area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ Focus area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ Focus area(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Discipline** (mark one):

* Attorney Bar Number: \_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Bar Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Certified Public Accountant CPA Certification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Financial planner (circle - CFP®/ChFC®/CPA with PFS) #: \_\_\_\_\_\_\_\_ Certification date: \_\_\_\_\_\_\_\_\_\_\_\_
* Life insurance agent (CLU®) NPN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification date: \_\_\_\_\_\_\_\_\_\_\_\_
* Trust officer of a bank or trust company
* Affiliated Professional – Development officer or planned giving professional of a 501(c)(3) entity

**WVEPC Applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

**Firm manager/partner/principal:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

**WVEPC Sponsor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Name Signature Date

**Please return completed form to: Willamette Valley Estate Planning Council**

**Erin White, Attorney at Law**

**Schwabe, Williamson & Wyatt, P.C.**

**530 Center St NE, Ste 730**

**Salem, OR 97301**

**ewhite@schwabe.com**