



### 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 CTFA is 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:					
	reet or P.O. Box				
City			State	Zip Code	
Business Phone:	Busin			ness Fax:	
Business E-mail:					
Occupation/Position:					
Employment History and Estate	e Planning Expe	rience (past fiv	re years – p	olease attach re	esume if necessary)
Employment dates at current for	irm: From	to present	Focu	Focus area(s):	
Prior Employer:	From	to	Focu	ıs area(s):	
Prior Employer:	From	to	Focu	ıs area(s):	
Membership Discipline (mark or	· ·				
	nber: State: Bar Admission Date:				
Certified Public Accountant					
☐ Financial planner (circle - CFP®/ChFC®/CPA with PFS) #					
☐ Life insurance agent (CLU®) NPN: Certification date: ☐ Trust officer of a bank or trust company					e:
☐ Affiliated Professional – Devel	1 ,	planned giving	profession	nal of a 501(c)(	(3) entity
WVEPC Applicant:					
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Firm manager/partner/principa					
	Print Name	S <sub>1</sub>	gnature		Date
WVEPC Sponsor:					
	Print Name	Si	Signature		Date
Please return completed form to:	WVEPC Boar	d Sacrata <del>m</del>			