

NEW MEXICO ESTATE PLANNING COUNCIL
Membership Application

Name (Include Credentials): _____

Firm: _____

Mailing _____
Address: _____

Business Phone: () _____ Other Phone: () _____

E-Mail Address _____ Company Web Address _____

MEMBERSHIP QUALIFICATIONS *(check all that apply)*

Attorney or Certified Public Accountant (circle one). I am an attorney/certified public accountant with at least three years in practice. Admitted to practice law/accounting in the state(s) of: _____

Life Underwriter. I am a CLU and/or ChFC with at least three years in practice. Life underwriter for: _____ years in the state(s) of: _____ For _____ (firm).

Trust Officer. I am a trust officer or have been a certified trust and financial advisor (CTFA) for at least three years with _____ (Financial Institution)

Financial Planning. I have a certified financial planning (CFP) designation from the college of CFP in Denver, Colorado, or have a chartered financial analyst (CFA) designation from the Institute of Chartered Financial Analysts, and have been in practice in that capacity for at least three years.

Actuary. I am certified by the joint board for the enrollment of actuaries for at least three years. My date of certification was _____

Other Profession. _____ I have been in my stated profession for least three years. The date I began working in my profession _____

PAYMENT OF DUES
\$250 Annual Dues

Membership is granted to individuals who meet one of the above professional qualifications. The Council does not incur any obligation to employers who reimburse members for their dues. Dues are payable at the time of admission to membership and are not prorated or refundable. The cost of meals at the monthly meeting is included in the annual dues.

I certify that the information in the above application is true and correct and that I am a member in good standing the indicated profession.

Date: _____ Signature _____

RECOMMENDATION
(For New Members Only)

I, _____ (*name of member*), a current member of the Council has recommended the above named individual for membership in the Council.

Date: _____ Signature _____