

**APPLICATION FOR MEMBERSHIP IN
SANTA FE ESTATE PLANNING COUNCIL, INC.**

NAME: _____

NAME OF FIRM, if applicable: _____

WORK ADDRESS: _____

WEBSITE ADDRESS (optional): _____

TELEPHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

CREDENTIALS, PROFESSIONAL DEGREES OR DESIGNATIONS (Check all that apply):

- | | |
|---|--|
| _____ Trust Officer | _____ Attorney |
| _____ Chartered Financial Analyst | _____ Certified Financial Planner |
| _____ Chartered Life Underwriter | _____ Chartered Financial Consultant |
| _____ Certified Public Accountant | _____ Enrolled Agent with the IRS |
| _____ Member, Appraisal Institute | _____ Licensed Actuary |
| _____ Sr. Residential Appraiser | _____ Sr. Real Property Appraiser |
| _____ Registered Investment Advisor | _____ Series 7 Licensed Broker |
| _____ Certified Trust and Financial Advisor | _____ Certified Fund Raising Executive |
| _____ Senior-level nonprofit development director | |
| _____ Accredited in Business Valuation or Accredited Senior Appraiser | |

NUMBER OF YEARS IN ESTATE PLANNING (minimum of three): _____

AREAS OF SPECIAL EXPERTISE ON WHICH APPLICANT WOULD BE WILLING TO PREPARE A PRESENTATION TO THE MEMBERSHIP:

REASON FOR JOINING: _____

REFERENCE (Name of Current SFEPC Member): _____

Please return this form to:

Carolyn Moore, Membership Chair
E-mail: carolyn.moore@nurseswithheart.com