

ESTATE PLANNING COUNCIL OF COLORADO SPRINGS

PO Box 62891, Colorado Springs, CO 80962
estateplanningcos@gmail.com - www.csepc.org

Membership Application

Name _____

Firm _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Profession (Check):

- _____ Allied Professional
- _____ Attorney
- _____ Chartered Financial Consultant
- _____ Certified Financial Planner
- _____ Chartered Life Underwriter
- _____ Certified Public Accountant
- _____ Trust Officer

Number of years in Colorado Springs _____

Number of years in profession _____

Number of Council meetings attended _____

Number of Firm members currently in Council _____

Educational Background:

College	No. Years	Degrees

Professional Courses

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Describe your involvement in estate planning and the percentage of time spent in the area of estate planning: _____%

Signature

Date

NOTE: This application must be accompanied by a **brief and concise letter from the applicant** setting forth the manner in which applicant can contribute to the Council and what applicant hopes to derive from membership in the Council. This application must also be accompanied by **letters of recommendation from 2 active Council members, at least one of which must be from an active member not within applicant's own professional group.**

In addition, a check for the membership fee, made payable to Estate Planning Council of Colorado Springs, should accompany this application. Please contact us via email for the current year's dues amount.

DO NOT WRITE BELOW THIS LINE

Approved by Membership Committee

Mail to: Estate Planning Council, PO Box 62891, Colo Springs, CO, 80962