

Membership Application : Boise Estate Planning Council

Membership Application

The Boise Estate Planning Council requires its applicants to hold at least one of the following designations; J.D., L.L.B., C.P.A., C.L.U., C.F.P., Ch.F.C., C.T.F.A., A.E.P. or M.S.F.S.

Click on this link to obtain a copy of the Boise Estate Planning Council's [ByLaws](#).

BOISE ESTATE PLANNING COUNCIL APPLICATION FOR MEMBERSHIP

NAME: _____ BUSINESS

ADDRESS:

FIRM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

E-MAIL (required): _____

WEBSITE: _____

PROFESSION (Pick 1): *Attorney Accountant Trust Admin. Financial Services* PROFESSIONAL

DESIGNATION (Mark all that apply): J.D. C.P.A. C.L.U. C.F.P.

Ch.F.C. C.T.F.A. A.E.P. M.S.F.S. DATE(S) OF PROFESSIONAL DESIGNATION(S):

_____ Are you currently engaged in some facet of Estate Planning? _____: If so, *describe in an accompanying letter* the nature of the estate planning activities in which you have been engaged and intend to pursue. The letter must accompany your application.

DATED: _____

SIGNATURE OF APPLICANT

Endorsement of five members of the Boise Estate Planning Council in the same field as applicant We, the undersigned, believe that the above applicant for membership will be an active member and an asset to the Council. _____

SPONSOR _____

ENDORSER _____

ENDORSER _____

ENDORSER _____

ENDORSEES Submit this application to the Council Secretary with a check in the amount of \$250.00 for first year dues. _____

DATE RECEIVED BY SECRETARY MEMBERSHIP COMMITTEE We, the membership committee do
_____ do not _____ recommend this applicant. _____

DATE MEMBERSHIP

APPROVED: _____

SECRETARY

+

Please return the application and nomination form, resume, and any statement to:

Boise Estate Planning Council

c/o the current year's president as shown on the Leadership Page of this website.