



Northern Virginia Estate Planning Council Application for Membership

I hereby make application for membership in the Northern Virginia Estate Planning Council. I agree to participate actively in the organization and to abide by the Council's bylaws and regulations.

Name: _____
Last First Middle Initial

Name as it should appear on badge: _____

Preferred Address: Business Home Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Employer: _____

Occupation: Attorney CPA CFP/ChFC
Trust Officer CLU Enrolled Agent
Accredited Valuation Expert Planned Giving Professional

Please select a committee you'd like to join:

Governance Membership Programs Sponsorship

Two member sponsors are required:

Sponsor in your professional discipline: Signature: _____

Phone: _____ Print Name: _____

Sponsor in any of other 7 disciplines: Signature: _____

Phone: _____ Print Name: _____

A \$25 administrative fee must accompany this application. It is understood that this fee will not be refunded in the event the application is rejected. Make check payable to NVEPC.

Application Accepted by Executive Committee:

Date: _____ by: _____
President or Chairperson, Membership

Last revised 09/2018