

**ESTATE PLANNING COUNCIL OF INDIANAPOLIS, INC.**

**APPLICATION FOR MEMBERSHIP 2021-2022**

(Please type or print)

Applicant's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Membership Category (select only one): Attorney \_\_\_\_\_ CPA \_\_\_\_\_

Insurance \_\_\_\_\_ Trust Officer \_\_\_\_\_ Other Individual \_\_\_\_\_

Please furnish details on your last five years of estate planning activity employment:

| <u>From</u> | <u>To</u> | <u>Employer</u> |
|-------------|-----------|-----------------|
| _____       | _____     | _____           |
| _____       | _____     | _____           |
| _____       | _____     | _____           |

Please describe your estate planning activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education:

| College/University Attended | Graduated? | Degree Received |
|-----------------------------|------------|-----------------|
| _____                       | _____      | _____           |
| _____                       | _____      | _____           |
| _____                       | _____      | _____           |

Professional Designation(s): \_\_\_\_\_

What post-graduate estate planning seminars or related courses of study have you completed?

\_\_\_\_\_  
\_\_\_\_\_

Approximately what percent of your business or professional activity was spent in estate planning and administration during the past 12 months? \_\_\_\_\_

Describe your activity:

\_\_\_\_\_  
\_\_\_\_\_

Do you meet the qualifications as stated in the guidelines for membership? \_\_\_\_\_

Would you be willing to participate in an estate planning program at a council meeting as it relates to your discipline? \_\_\_\_\_

