APPLICATION FOR JUNIOR MEMBERSHIP TO

**“GREAT LAKES BAY ESTATE PLANNING COUNCIL”**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **JUNIOR MEMBERSHIP DUES POLICY**

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applications accepted for July – December will be assessed

 a $75.00 fee; January – March will be assessed a $50.00 fee;

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and April – June will be assessed a $25.00 fee. Please submit

 membership dues with application.

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

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

How long have you been practicing this profession? \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of firm or employers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Business Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am currently studying for or working toward receiving membership or certification in one of the following organizations:

\_\_\_\_\_\_\_ Chartered Life Underwriters (CLU)

\_\_\_\_\_\_\_ Michigan State Bar Association

\_\_\_\_\_\_\_ Michigan Association of Certified Public Accountants

\_\_\_\_\_\_\_ Trust Officer of a State or National Bank or a Trust Company engaged in the Trust field in Michigan

\_\_\_\_\_\_\_ Chartered Financial Consultant (ChFC) accredited by the American College of Life Underwriters

\_\_\_\_\_\_\_ Certified Financial Planner (CFP) accredited from the College of Financial Planning in Denver, Colorado

\_\_\_\_\_\_\_ Development Officer of a non-profit organization established under the laws of the State of Michigan

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

**SPONSORSHIP:** Your application should be signed by your employer.

**NOTE TO SPONSORS**:

In sponsoring a junior member, you are verifying that the applicant, while not yet qualifying for full membership in the GLBEPC, is working toward certification or membership in one of the above areas.

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(Signature) (Print Name) (Profession)

 Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Revised 08/2023)

**Mail the completed application along with a check (payable to NMEPC) for the proper amount of dues to: GLBEPC, P.O. Box 347, Freeland, MI 48623-0347**