

**APPLICATION FOR MEMBERSHIP TO  
"NORTHEASTERN MICHIGAN ESTATE PLANNING COUNCIL"**

Name \_\_\_\_\_

**MEMBERSHIP DUES POLICY**

Home Phone: \_\_\_\_\_

Applications accepted for July – December will be assessed a \$125.00 fee; January – March will be assessed a \$100.00 fee; and April – June will be assessed a \$75.00 fee. Please submit membership dues with application.

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

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

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

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

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

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

.....  
I am a member in good standing of the...

\_\_\_\_\_ Life Underwriters \_\_\_\_\_ CLU Chapter \_\_\_\_\_

\_\_\_\_\_ County Bar Association \_\_\_\_\_ State Bar Association \_\_\_\_\_

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

\_\_\_\_\_ Trust Officer of \_\_\_\_\_

\_\_\_\_\_ 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

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

\_\_\_\_\_  
(Signature)

**SPONSORSHIP:**

If you know a current Council member who will provide sponsorship, please obtain that individual's signature below before returning your application. If you are unfamiliar with anyone on the Council, return this form and your check for dues to the address indicated below. The Membership Committee will review the application to verify that you are qualified for membership. A member of the committee may contact you by telephone.

**NOTE TO SPONSORS:**

In sponsoring a member you are verifying that the applicant spends a substantial amount of time in the estate planning field. You may receive a telephone call to verify that the applicant is qualified in the estate planning area.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Profession)

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

(Revised 10/14)

**Mail the completed application along with a check (payable to NMEPC) for the proper amount of dues to: NMEPC, P.O. Box 2598, Midland, MI 48641-2598**