

MEMBERSHIP APPLICATION

Primary Sponsor: Sponsor Email: Sponsor Phone:

Secondary Sponsor: Sponsor Phone:

Applicant Information:

Name:

Email:

Cell Number:

Home Address:

Profession:

Years in Profession:

Current Employer/Firm:

Years with Employer/Firm:

Work Address:

Work Phone #:

Which category are you applying for?

- Attorney
- o CPA
- Trust Officer
- Life Underwriter
- Development Officer
- o Financial Planner
- o Allied Profession
- Student

Describe your current involvement in Estate Planning.

Explain your interest in Spokane Estate Planning Council.
Please list your current members in other professional organizations.
Upon completion, please email this application and a current resume or professional bio to admin@spokaneepc.org.