

MEMBERSHIP APPLICATION

RACINE/KENOSHA ESTATE PLANNING COUNCIL

1. Name _____ Phone _____ Fax _____
2. Company _____
3. Mailing Address _____

4. E:mail Address _____
5. I have been actively engaged in Estate Planning/Employee Benefits for _____ years.

Below are the qualifications for membership:

1. The Council shall consist of representatives of trust companies and banks maintaining trust departments, life underwriters who hold either a Chartered Life Underwriter or Chartered Financial Consultant designation, lawyers who are members of the State Bar of Wisconsin, certified public accountants who are members of the Wisconsin Institute of Certified Public Accountants, and any other professional actively interested and engaged in the estate planning and employee benefit fields.
2. New members shall be elected to the Council by majority vote of the Executive Committee.
3. All members shall be eligible to vote in meetings of the Council and to hold any elective office or position in the Council.
4. Any member who fails to pay his/her annual dues to the Council within one (1) month of the mailing to him/her of a second notice thereof shall forthwith cease to be a member of the Council.

I hereby apply for membership in the Racine/Kenosha Estate Planning Council.

My profession is: _____

Signature _____ Date _____