



MEMBERSHIP APPLICATION FOR 2011-2012

TO: **THE NEW ORLEANS ESTATE PLANNING COUNCIL** DATE: _____

1. NAME: _____

FIRM NAME: _____

MAILING ADDRESS: _____

_____ ZIP CODE _____

PHONE: _____ FAX _____ E-Mail _____

2. I have been actively engaged in various phases of Estate Planning for ____ years.

3. **Please designate which category of membership you are applying for - CIRCLE A, B, C, D or E:**

A. I am an Attorney and I have been admitted to practice in Louisiana for ____ years.

I (am) (am not) a member of the Louisiana Bar Association and have been a member for ____ years.

B. I am a CPA and have practiced accounting for ____ years.

I (am) (am not) a member of the Society of Louisiana CPA's, and have been a member for ____ years.

C. I have been a Life Insurance Professional for ____ years. ____ I am a CLU. ____ I am a ChFC ____ I am a member of National Association of Insurance and Financial Advisors - Greater New Orleans. ____ I am a member of Society of Financial Service Professionals - New Orleans Chapter.

D. I am an Officer of the _____ Bank (or Trust Company). I have had trust department duties for ____ years as a full time trust officer or bank executive.

E. I have been a Certified Financial Planner for ____ years. ____ I am a licensed CFP. I am a member of ____ Greater New Orleans Chapter of the Financial Planning Association or ____ the Society of Financial Service Professionals - New Orleans Chapter;

F. I have been a Planned Giving Officer for ____ years. ____ I am a member of The Greater New Orleans Council of the Partnership for Philanthropic Planning.

4. I have either given talks, written articles, or appeared on panels with regard to various phases of Estate Planning as follows: (use reverse side if necessary.)

Signature

Initiation fee of \$100 and \$200 first year's dues will be due upon acceptance

SPONSORED BY:

1. PRINT: _____

SIGN: _____

2. PRINT: _____

SIGN: _____

Mail form only to:

New Orleans Estate Planning Council

P.O. Box 750357

New Orleans, LA 70175

At least one of the two sponsors must be in the same profession as the applicant

Phone: (504) 895-8721 www.noepc.org

Fax: (504) 895-9986 noepc@bellsouth.net

NOEPC - Tax ID #72-0818406

NOTE: The by-laws state that membership is limited to those persons who have been actively engaged in the area of estate planning within their own profession for a minimum of three years.