Quad City Estate Planning Council 2024

**APPLICATION FOR MEMBERSHIP**

Date:

Application for Membership in the Quad City Estate Planning Council is hereby made by:

Name: Title:

Firm/Organization: Tel. #:

Business Address: Cell #:

City, State, Zip: Fax #: E-mail: Website:

Discipline: Attorney \_\_\_\_\_\_ Accountant \_\_\_\_\_\_ Insurance & Financial Planning \_\_\_\_\_\_

Philanthropic Advisor \_\_\_\_\_\_ Trust Professional \_\_\_\_\_\_

An individual holding one or more of the following credentials: \_\_\_\_\_\_\_\_\_\_\_

JD, CPA, CLU, CFP, CFA, ChFC, CPWA, CAP, CSPG, CTFA, MSFS, or MST

Individual nominated by the Board for membership\* : \_\_\_\_\_\_

\*(Board members must be the sponsors on your application)

Years in Discipline: %Time Estate Planning currently:

Reasons for wanting to be a member of the Council: (Include items of relevant interest, such as professional background, professional organizations, lectures, publications, etc.)







Name two Current Quad City Estate Planning Council Members as Sponsors:

Sponsor #1 Signature

Sponsor #2 Signature

Applicant Signature

**Return completed application to: Quad City Estate Planning Council**

**PO Box 4732**

**Davenport, IA 52808**

**-or scan & email to:** **QCEstatePlanningCouncil@gmail.com**

Questions? Contact us via email: QCEstatePlanningCouncil@gmail.com For general information visit: <http://www.qcestateplan.org/>

*\*\*Membership fees for 2024 are $225 for check or cash; additional fees for online convenience. Those practicing less than 5 years will receive a 50% discount. Membership fees will be prorated if you join mid-year.\*\**

**FOR OFFICE USE**

**Actions on Application:**

**Received (by cd): Distributed to Board (at monthly Board Meeting): Distributed to current Membership: Approved (10 days post dist to mbrshp): New Member Notified on Action: Invoiced for Current Dues**