

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 _____