



Denver Estate Planning Council



MEMBERSHIP APPLICATION

Fill in the information below to apply for a Denver Estate Planning Council Membership

<i>Personal Information</i>	
First Name:	Last Name:
Email Address:	
<i>Office Address Information</i>	
Office Address:	
City:	State & Zip Code:
Phone:	Fax:
<i>Home Address Information</i>	
Home Address:	
City:	State & Zip Code:
Phone:	Fax:
<i>Personal History</i>	
I have been a resident of _____ for _____ years.	
I have been actively engaged in Estate Planning for _____ years.	
I am a member in good standing of the:	
<input type="checkbox"/> Bar Association	
<input type="checkbox"/> Institute of Accountants and am a Certified Public Accountant	
<input type="checkbox"/> Life Underwriters Association Chapter of Chartered Life Underwriters	
I have been admitted to practice law in Colorado for _____ years.	
I have practiced accounting as a:	
<input type="checkbox"/> Principal	
<input type="checkbox"/> Partner	
<input type="checkbox"/> Member of the Tax Department of an Accounting Firm in Colorado for _____ years.	

I have been a Life Underwriter for _____ years. I am an:

- Agent**
- Manager**
- General Agent**

Of the _____ company. I received my Chartered Life Underwriter designation in the year _____. I am a (title) _____ of the (your bank or trust company) _____.

Statement as to estate planning experience and ways in which applicant can contribute to the Council:

Recommended by (3 people – 1 must be from the same profession as the applicant):

- 1.
- 2.
- 3.

Signature of Applicant

Date