

**Tri-Cities Estate Planning Council**  
*Membership Application*

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell phone \_\_\_\_\_

Profession: \_\_\_\_\_

Number of Years in Profession: \_\_\_\_\_

Name of Current Employer: \_\_\_\_\_

Number of Years Employed by Current Employer: \_\_\_\_\_

Number of Years as a Resident of the Tri-Cities: \_\_\_\_\_

Which Category are you applying?

Attorney, CPA, Insurance, Trust Officer, Member At Large

Educational and Work Background and Current history in Estate Planning experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employment History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Membership in any other related organizations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please attach a current Bio or Resume'