

**NEW MEXICO ESTATE PLANNING COUNCIL**  
**Membership Application**

Name (include credentials): \_\_\_\_\_

Firm: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

Email address: \_\_\_\_\_

Company website address: \_\_\_\_\_

**MEMBERSHIP QUALIFICATIONS (check all that apply)**

- Attorney or Certified Public Accountant** (circle one). I am an attorney/certified public accountant with at least three years in practice. Admitted to practice law/accounting in the state(s) of \_\_\_\_\_
- Life Underwriter**. I am a CLU and/or ChFC with at least three years in practice. Life underwriter for \_\_\_\_\_ years in the state(s) of \_\_\_\_\_ for \_\_\_\_\_ (firm).
- Trust Officer**. I am a trust officer or have been a certified financial planner (CTFA) for at least three years with \_\_\_\_\_ (financial institution).
- Financial Planner**. I have a certified financial planning (CFP) designation from the college of CFP in Denver, CO, or have a chartered financial analyst (CFA) designation from the Institute of Financial Analysts, and have been in practice in that capacity for at least three years.
- Actuary**. I am certified by the joint board for the enrollment of actuaries for at least three years. My date of certification was \_\_\_\_\_.
- Other profession**. \_\_\_\_\_ . I have been in my stated profession for at least three years. The date I began working in my profession was \_\_\_\_\_ .

**PAYMENT of DUES - \$300.00 Annual dues**

Membership is granted to individuals who meet one of the above professional qualifications. The Council does not incur any obligation to employers who reimburse members for their dues. Dues are payable at the time of admission to membership and are not prorated or refundable. The cost of meals at the monthly meeting is included in the annual dues.

I certify that the information in the above application is true and correct and that I am a member in good standing in the indicated profession.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**RECOMMENDATION (for new members only)**

I, \_\_\_\_\_ (name of member), a current member of the Council has recommended the above named individual for membership in the New Mexico Estate Planning Council.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_