## Santa Clara County Estate Planning Council New Member Application

| Na        | ıme:   | Designations:  |   |  |
|-----------|--|--|---|--|
| Со        | ompany:  |  |   |  |
|           | dress:   |  |   |  |
| Phone:Mol |  | Mobile Phone:  | (for texting meeting updates)   |  |
| Em        | nail:  |  |   |  |
| 1.        |  | Professional Fiduciaries (Sec<br>le A4)<br>ssional – Members of a Deve | ction III, Article A3)<br>elopment Office, Investment Advisors,<br>Consultants (Section III, Article A5)                |  |
| 2.        | Signature to certify that I meet or exceed the requirements for membership, as stated in the Articles of Incorporation:  |  |   |  |
|           |  |  | Member Type: □ Regular □ Associate  |  |
|           | Attach Resume: This will be used to evaluate Obtain two signatures from current ment I am a member of the Santa Clara County Emembership. (a scanned or faxed signature) | nbers:<br>Estate Planning Council and hereby                           |   |  |
|           | Print Name   | Signature  |   |  |
|           | Print Name   | <br>Signature  |   |  |
| 5.        | What do you hope to gain from members  | ship in the SCCEPC?  |   |  |
| 6.        | Do you have presentation and/or speake   | er ideas for future meetings?  |   |  |
| 7.        | Are you interested in leadership opportunities with SCCEPC?  |  |   |  |
| 8.        | meetings during the fiscal year. Estimated of Regular & Associate Membership  Premier Membership - \$490 (Inclu  | dinner meeting registration is \$70 \$130                              | embers are expected to attend a minimum of 4 60 savings). Members must RSVP for each funded and cannot be transferred.) |  |

9. Mail or scan and email this completed form and your resume to:

SCCEPC c/o Rocket Leadership Services & Consulting PO Box 141 Boystown, NE 68010