

Northern Virginia Estate Planning Council Application for Associate Membership

I hereby make application for associate membership in the Northern Virginia Estate Planning Council (NVEPC). I agree to participate actively in the organization and to abide by the Council's bylaws and regulations.

Associate Members are required to have a professional license and/or certification in a field that interacts with estate planning and have paid attendance at a minimum of two (2) NVEPC meetings in the 12 months immediately prior to the application date. Associate Members are non-voting members of the Council and may attain full membership after three (3) years as an associate member.

When submitting this application, please include a written statement describing your role in the estate planning process.

Name:			
Last	First	Middle Initial	
Name as i	t should appear	on badge:	
Preferred Address:		Street:	
Ci	ty:	State:	Zip:
Phone:	Fax	x:	Email:
Employer:			
Please select a co	mmittee you'd l	ike to join:	
Two member spo Sponsor from the	nsors are require executive comm	ed: nittee of NVEPC:	Signature:
Phone:			Print Name:
Sponsor from the general membership:		rship:	Signature:
Phone:			Print Name:
application is reject	ted. You can pay or	nline at https://www.nv	It is understood that this fee will not be refunded in the event the vepc.org/members/renewal and select "Membership Application C, to 3337 Duke Street, Alexandria, VA 22314
	Aj	pplication Accepted	by Executive Committee:
Date:	1	by:	nairperson, Membership
		President or Ch	airperson. Membership