2026-2027 MEMBERSHIP APPLICATION FORM

TO: Board of Directors, Estate Planning Council of Rhode Island

FROM: _____ **DATE:** _____

Ladies and Gentlemen:

I hereby propose the following individual for membership in the Estate Planning Council of Rhode Island.

NOMINEE INFORMATION

Name: _____

Title at Company: _____

Firm (Business) Name: _____

Contact Address: _____

_____

E-mail Address: _____

Phone number: _____ **Web site:** _____

PROFESSIONAL CATEGORY

This individual is actively engaged in the estate planning area in Rhode Island as a: (select one)

- ☐ Banker active in Trust and/or Wealth Management
- ☐ Certified Financial Planner
- ☐ Certified Public Accountant (including Enrolled Agent)
- ☐ Other - Specify: _____
- ☐ Lawyer
- ☐ Planned Giving Officer of a Not-For-Profit Organization
- ☐ Chartered Life Underwriter

List any additional states in which you are licensed to practice:

_____

_____

SPONSOR AND SECOND TO NOMINATION

Print Name of Sponsor: _____

Print email: _____

Signature: _____

Second to Nomination

Print Name of Seconder: _____

Print email: _____

Signature: _____

Email completed form to the EPCRI Secretary at admin@epcri.org

MEMBERSHIP NOMINATION FORM

EPCRI SECRETARY USE

Date emailed to Board: _____

Date Dues Notice sent: _____ **Dues amount: $** _____

Date Approved: _____

Date Welcome Letter sent: _____

Date added to website: _____