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 |

Name:

(Please print or type)

Title at Company:

Firm (Business) Name:

Contact Address:

E-mail Address:

Phone number: Web site:

|  |
| --- |
| This individual is actively engaged in the estate planning area in RI as a: (select one) |
|  | Banker active in Trust and/or Wealth Management |  | Lawyer |
|  | Certified Financial Planner |  | Planned Giving Officers of Not-For-Profit Organizations |
|  | Certified Public Accountant (including Enrolled Agent) |  | Other: Specify: |
|  | Chartered Life Underwriter |  |  |

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

Print Name of Sponsor:
Print email:

Signature:

Second to Nomination

Print Name of Seconder:

Print email:

Signature:

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

 EPCRI SECRETARY USE

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_ Date emailed to Board | \_\_\_\_\_\_\_\_\_\_ Date Dues Notice sent $  |
| \_\_\_\_\_\_\_\_\_\_ Date Approved | \_\_\_\_\_\_\_\_\_\_ Date Welcome Letter sent |
| \_\_\_\_\_\_\_\_\_\_ Date to website |  |