

Estate Planning Council of Chattanooga, Tennessee, Inc.

Nomination for Membership

Name: _____ Business/Profession: _____

Name of Firm: _____ Telephone: _____

Address: _____ Fax: _____

Note: Address must be within 50 miles of Chattanooga

_____ E-Mail: _____

Title or Position Held: _____

Category of Nomination (circle one): **Accounting Legal Insurance Banking Financial**

Is nominee requesting membership as an **Associate Member**? _____ If yes, why is the nominee ineligible for membership in one of the regular categories? _____

Professional Designations, Degrees, and Certificates (include schools, dates, and designations currently being pursued) _____

Is the nominee actively involved in the estate planning field? _____ If yes, in what capacity and for how long? _____

Nominee's additional credentials, honorary degrees, authorships, speaking experience, memberships or title positions in professional organizations, etc. Please list them: _____

We, the sponsors, certify that the nominee meets the qualifications for membership in the category for which he/she is nominated, and we nominate the nominee to be an active member of the Estate Planning Council of Chattanooga, Tennessee.

Name _____ Category _____ Signature _____

Name _____ Category _____ Signature _____

Date Submitted _____

Note: Sponsors must be from two different membership categories.