

# 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 Qualifying Designation(s) and Check Membership Category):

Qualifying Designations: JD, CPA, PFS, CFP, ChFC, CLU, CTFA, CIMA, CFA, CAP, CFRE, CSPG, CEBS, AEP

\_\_\_\_\_ **Life Insurance** – I currently have at least one of the Qualifying designations and hold a current Life Insurance License.

\_\_\_\_\_ **Banking** – I am currently a formal trust officer at a regulated bank.

\_\_\_\_\_ **Legal** – I currently have an active legal license.

\_\_\_\_\_ **Accounting** – I currently have an active CPA license.

\_\_\_\_\_ **Financial Planning** – I currently have at least one of the Qualifying designations and hold a current Securities License and/or Advisory Registration.

\_\_\_\_\_ **Planned Giving** – I currently have at least one of the Qualifying designations or 15+ years of experience in planned giving

\_\_\_\_\_ **Associate** – I do not meet one of the above criteria, but am working towards doing so.

Is the nominee actively involved in the estate planning field? \_\_\_\_\_

Additional Information:

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We, the sponsors, certify that the nominee meets the qualifications for membership in the category for which he/she is applying, and we nominate them 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*