

**MADISON ESTATE COUNCIL**

**MEMBERSHIP APPLICATION**

Annual Membership Fee is \$25 (Payable to Madison Estate Council)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

I have been a resident of \_\_\_\_\_ for \_\_\_\_ years. County \_\_\_\_\_

I have practiced in the \_\_\_\_\_ profession as a  
\_\_\_\_\_ (title)  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ (Company)

I have been actively engaged in estate planning for \_\_\_\_\_ years.

I am a member in good standing with the:

- State Bar of Wisconsin
- Certified Public Accountant
- Chapter of Chartered Life Underwriters
- Trust Officer
- Other related profession/designation \_\_\_\_\_

***Attach statement as to estate planning experience and ways in which applicant can contribute to Council.***

Applicants must be recommended by two (2) current members of the Madison Estate Council, at least one of whom must share the profession of the applicant. Applicant is recommended by:

1: \_\_\_\_\_

2: \_\_\_\_\_

Madison Estate Council (MEC) is an affiliate of the National Association of Estate Planners & Councils (NAEPC) ([www.naepc.org](http://www.naepc.org)). Please indicate whether you authorize MEC to provide NAEPC with your e-mail address:

- Yes, I authorize MEC to provide my e-mail address to NAEPC
- No, I do not want my e-mail address provided to NAEPC

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Date

|  |
|--|
| Received: _____<br>Dues: \$ _____<br>Approved by Bd? _____ |
|--|