



**South Bay Estate  
Planning Council**

**MEMBERSHIP APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Firm/Company Name \_\_\_\_\_

Title \_\_\_\_\_

**Category:**

☐ General Member

☐ Attorney (<50% estate planning/administration/probate) ☐ CPA/Enrolled Agent

☐ Life Insurance Agent ☐ Certified Financial Planner ☐ Wealth/Investment Advisor

☐ Certified Geriatric Care Manager ☐ Licensed Professional fiduciary/trust officer

☐ Resource Member: A related professional other than a General Member whose field includes a substantial nexus with estate planning or administration.

Please describe:

☐ Associate: Qualifies as a General Member but for less than three years of full-time experience. Please identify your category under General Member above.

How long in the estate planning field: \_\_\_\_\_

How long at current firm/company? \_\_\_\_\_

College Degree: \_\_\_\_\_ Year Obtained \_\_\_\_\_

Postgraduate Degree: \_\_\_\_\_ Year Obtained \_\_\_\_\_

Professional Certification or Credentials \_\_\_\_\_

Duties typically performed and for whom:

Reasons for wanting to become a member:

Bio information (to be used for introduction and at website)

If you have made professional presentation and/or written publication, please list here:

Publications	Title	Publisher	Year
	_____	_____	_____
	_____	_____	_____

Speeches/ Presentations	Title	Publisher	Year
	_____	_____	_____
	_____	_____	_____

The above information is true to the best of my knowledge.

_____	_____
Applicant Signature	Date

***Sponsor #1***

1) In what professional circumstance do you have first-hand knowledge of this candidate?

2) What are the qualities this person possesses that would cause you to recommend him/her?

3) How do you think SBEPC and its members will benenefit from this person's membership?

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Member Signature

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Printed Name

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Date

## ***Sponsor #2***

1) In what professional circumstance do you have first-hand knowledge of this candidate?

2) What are the qualities this person possesses that would cause you to recommend him/her?

3) How do you think SBEPC and its members will benenefit from this person's membership?

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Member Signature

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Printed Name

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Date

Dues will be collected upon approval of application by the SBEPC Board of Directors. Dues are non-refundable.

**Mail completed application to:**

South Bay Estate Planning Council  
c/o Marlowe Kepner  
1145 6th Street, Hermosa Beach, CA 90254