The Greater Huntington Estate Planning Council ("GHEPC")
Membership Application

Name: _____

Phone: (____) _____ Fax: (____) _____

Company Name: _____

Address: _____

Email: _____

Membership Category:

_____ Attorney

_____ Trust Officer

_____ Life Underwriter

_____ Accountant

_____ Nonprofit

_____ Student Members ($20)

_____ Juris Doctor – JD

_____ Certified Public Accountant CPA

_____ Chartered Life Underwriter CLU

_____ Chartered Financial Consultant ChFC

_____ Emerging Professionals

_____ Other Professional Designation
(Please Signify _____)

If you are seeking continuing education credit, please indicate the applicable state(s) and type below:

State(s): _____ License/Credential Type: _____

Opt-Out Option (Do not wish to receive emails/mailings from National Estate Planning Council)_____

Would you like GHEPC to order your complimentary name tag? (circle one) Yes / No

Suggestions for Topics and/or Speakers:

_____

_____

Please mail the completed form along with a check in the amount of $200 payable to the Greater Huntington Estate Planning Council to:

Greater Huntington Estate Planning Council
PO Box 441
Huntington WV 25709-0441

Please note that Membership is personal to the approved member and is non-transferable. Membership benefits, privileges, and access may not be assigned, transferred, or shared with another individual.