
GREATER NORTH SHORE ESTATE & FINANCIAL PLANNING COUNCIL

MEMBERSHIP APPLICATION

NAME: _____

COMPANY NAME: _____

OFFICE ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

PROFESSIONAL QUALIFICATIONS:

Attorney

Accountant

Banker

Financial Planner

Insurance Provider

Other _____

MEMBERSHIP LEVEL:

___ **Regular** - minimum of five years of experience with professional qualifications, otherwise ten years of experience required

___ **Associate** - minimum of two years of experience with professional qualifications, otherwise five years of experience required

ESTATE PLANNING EXPERIENCE:

Describe the length of time, the nature, and in what capacities you have been actively involved in the area of estate planning (use other side or an attached letter if more space is needed): _____

DATED: _____

Signature of Applicant

SEND COMPLETED APPLICATION TO:

Greg S. Danziger
GNSE&FPC - Membership Director
Email: GD25@ntrs.com