

Greenville Estate Planning Council
Membership Application

I. Applicant's Name _____

Name of Firm _____

Business Address _____

City _____ State _____ Zip Code _____

Business Telephone _____ Fax _____

Email Address _____

Firm Website Address _____

Cell Phone (only if you want it listed on the website) _____

LinkedIn (only if you want it listed on the website) _____

Home Address _____

Home Telephone _____ Date of Birth _____

II. I have been actively engaged in the practice of my profession or vocation in South Carolina
for _____ years.

III. I have been actively engaged in Estate Planning for _____ years.

IV. Profession (used to identify the category of business the applicant is classified for GEPC membership)
I am practicing within the Greenville area and am a/an:

Attorney at law and member of the Bar of the State of South Carolina. Date admitted to SC Bar _____

Certified Financial Planner (CFP). Certificate No. _____ Certification Date _____

Certified Public Accountant (CPA) registered in the State of South Carolina
Certification No. _____ Certificate Date _____

Chartered Life Underwriter (CLU). Date received _____

Chartered Financial Consultant (ChFC). Date received _____

Officer of a bank trust department or trust company. Bank or company name is:

Certified Trust and Financial Advisor (CTFA)

