Eastern Idaho Estate Planning Council
EIEPC
For Estate Planning Professionals

EASTERN IDAHO ESTATE PLANNING COUNCIL
PO BOX 1867
IDAHO FALLS ID 83403

APPLICATION FOR MEMBERSHIP

Name: _____

Firm: _____

Business Address: _____

City, State, Zip: _____

Phone: _____ E-Mail: _____

I hereby apply for membership to the Eastern Idaho Estate Planning Council (EIEPC). I represent that I meet the membership requirements, namely, I am a (mark the appropriate discipline):

☐ An officer of a trust company or bank maintaining a trust department that is actively engaged in trust or estate operations and administration;

☐ A chartered life underwriter, or person who has completed four of the seven portions of the examination for the same, as long as such person continues to actively pursue the successful completion of their examinations;

☐ An attorney licensed to practice law in the state of Idaho;

☐ A certified public accountant;

☐ An officer of a charitable organization, who is actively engaged in the solicitation and development of deferred or planned gifting by public contributors; and/or

☐ A licensed securities broker, certified financial planner, or chartered financial consultants.

Upon acceptance and approval of the board, I understand that I will be billed for the annual dues of $200.00. If I am an attorney I understand that there is a CLE membership fee surcharge of $50 for a total of $250.00

Signature:___ _____ Date:_____

Please return entire form to:
Logan Peterson
PO Box 1887
Idaho Falls, ID 83403
Telephone: (208) 521-9120
Email : logan.peterson@bofc.bank