

Southern Nevada Estate Planning Council

Carli Sansone, Treasurer
2580 St. Rose Parkway #125
Henderson, NV 89074
MEMBERSHIP APPLICATION

Name: _____ Title: _____

Firm Name (if any): _____

Address: _____

Phone: _____ Email: _____

Qualifications:

1. I have actively engaged in estate planning since _____.

2. I am currently in good standing in NV as a (check all that apply)

Member of the Nevada State Bar

Certified Public Accountant

Chartered Life Underwriter

Trust officer

And have been since _____

OR: I do not qualify for the above membership requirements, but I devote a substantial portion of my practice to estate planning, and would like to apply as a "participating non-member". I acknowledge that I have no vote and that I cannot serve as an officer or director of the council, but I may attend regular council meetings and be listed in the annual membership roster.

3. Please provide a brief biographical sketch of your background, educational training, professional experience, the current focus of your professional practice, and any special skills or expertise you bring to the estate planning profession:

4. Two current SNEPC members must sign this Application, and one of them must be from the same profession as the applicant. Please print each member's name below, indicate their profession, and have them sign this Application.

Member: _____ Member: _____

Profession: _____ Profession: _____

Signature: _____ Signature: _____

I hereby submit this application to be a member of the Southern Nevada Estate Planning Council, and I agree to abide by the Council's articles and bylaws. I understand I may not use my membership in the Council in any form of advertising or solicitation that would express or imply a special expertise or endorsement by the Council, nor shall I state that I am a member of the Council on any letterhead, business cards, or advertisements. I may state that I am a member of the Council, or a past or present officer thereof, in a list in a directory of professionals or in biographical sketch, provided the listing or sketch is done in a dignified manner in such a way that does not express or imply a special expertise or endorsement by the Council.

By: _____ Date: _____

Print name: _____

Membership fee of \$395 annually is attached.

[Initial]

Application Process:

Submit the completed application along with your membership fee to the Treasurer, CARLI SANSONE. Application fee is required for your application to be considered. If we receive your membership application and fee by the second meeting of the year in October, you will be listed in the membership directory on the Council website.

FIRST READING: At the next regularly scheduled Council meeting your name will be presented to the Council and you will be invited to briefly introduce yourself to the Council members and guests.

SECOND READING: At the next regularly scheduled Council meeting, your application shall be brought to a vote, and the application shall be approved by a majority vote of those present.

PLEASE BE IN ATTENDANCE AT BOTH READINGS. IF YOU ARE UNABLE TO ATTEND, PLEASE MAKE ARRANGEMENTS WITH ANY OFFICER OF THE COUNCIL AHEAD OF TIME.

If you are unqualified under the terms of this application and do not become a member of the Council, you will receive a refund of your membership fee.

FOR COUNCIL USE ONLY:

1st Reading: _____ 2nd Reading: _____

Vote Results: Approved Denied Date: _____