

**Greensboro Estate Planning Council, Inc.**

**Membership Renewal Form  
For Current Members**

**For 2021 – 2022**

In order to renew your membership for the 2021-2022 Membership Fiscal Year, please complete this form and mail it with your check in the amount of **\$125** made payable to “**Greensboro Estate Planning Council, Inc.**” to our Treasurer at the following address:

Christopher A. Regeis, CLU, CFP, ChFC (2017)  
Innovative Financial Solutions, LLC  
620 Green Valley Road, Suite 306  
Greensboro, NC 27408  
Phone: (336) 398-1181  
chris.regeis@lpl.com

**Member Information (Please print clearly – will be entered on the GEPC website)**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Designation (s): \_\_\_\_\_

(Attorney, CPA, CTFA, ChFC, CFP, etc.)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Current Discipline(s): *Please “x”. If you have more than one, please indicate primary and secondary*

\_\_\_\_ Attorney    \_\_\_\_ CPA    \_\_\_\_ Trust Officer    \_\_\_\_ Financial Service Professional

\_\_\_\_ Other

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

Name You Want on Your Name Tag: \_\_\_\_\_

**GREENSBORO ESTATE PLANNING COUNCIL, INC.**  
**2021-2022 NEW MEMBER APPLICATION for Attorney, CPA, Credentialed Financial Professional, or Employee of Bank Trust Dept. or Trust Company)**

**New Member Information (Please print clearly – will be entered on the GEPC website)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Designation (s): \_\_\_\_\_ (CPA, CTFA, ChFC, etc.)

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Name You Want on Your Name Tag: \_\_\_\_\_

**I hereby apply for membership. I qualify for membership as (check appropriate item):**

- a. \_\_\_\_\_ An Attorney licensed to practice in North Carolina
- b. \_\_\_\_\_ A Certified Public Accountant licensed in North Carolina
- c. \_\_\_\_\_ A Credentialed Financial Professional (CLU, ChFC or CFP)
- d. \_\_\_\_\_ Employed in a Bank Trust Department or Trust Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Recommended by (must be signed by two GEPC members as indicated below):**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Estate Planning Council Member of **same** professional classification

\_\_\_\_\_  
Date

\_\_\_\_\_  
Estate Planning Council Member of **different** professional classification

**The Annual Membership fee is \$125.00. Please make your check payable to the Greensboro Estate Planning Council, Inc. Please mail this form with your check to:**

*Christopher A. Regeis, CLU, CFP, ChFC*  
*Innovative Financial Solutions, LLC*  
*620 Green Valley Road, Suite 306*  
*Greensboro, NC 27408*  
*Phone: (336) 398-1181*  
[chris.regeis@lpl.com](mailto:chris.regeis@lpl.com)

**GREENSBORO ESTATE PLANNING COUNCIL, INC.**

**2021-2022 NEW MEMBER APPLICATION  
FOR AT-LARGE MEMBERSHIP**

**Please Print Clearly**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Professional Designation/Job Description: \_\_\_\_\_

Years of Service in Your Profession: \_\_\_\_\_

At-Large Membership is open to professionals (other than NC attorneys, NC CPAs, CLUs, ChFCs, CFPs, or employees of trust companies or bank trust departments) whose responsibilities are **directly** related to the field of estate planning.

Please explain your estate planning experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Once the completed application is submitted, the Board of Directors of GEPC will have the final determination whether the applicant's work is **directly** related to the field of estate planning.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**Recommended by:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Estate Planning Council Member and Designation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Estate Planning Council Member and Designation

*Please mail, email, or fax this completed application your check in the amount of \$125.00 made payable to "Greensboro Estate Planning Council, Inc." to our Treasurer at the following address:*

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