

**GREENSBORO ESTATE PLANNING COUNCIL, INC.**  
**2022-2023 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:**

**Erin C. V. Bailey, Attorney  
Tuggle Duggins  
P.O. Box 2888  
Greensboro, NC 27402**

[ebailey@tuggleduggins.com](mailto:ebailey@tuggleduggins.com)  
**1.336.271.5264**