

**Central Arizona Estate Planning Council**  
2008-2009 season

**Membership Application**

Must be received by **September 10, 2008**, for inclusion in the 2008-2009 Membership Roster.  
The information as it appears below will be the published data.

<b>Default Renewal Option/Membership will renewal annually (circle one): Yes or No</b>	
<b>Name:</b>	
<b>Firm:</b>	<b>Telephone:</b>
<b>Email:</b>	<b>Fax:</b>
<b>Address/City/State/Zip:</b>	
<b>Licenses, Professional Designations or *Respective Category (*for board designated apps):</b>	

Membership Category(see back for eligibility details): Please check one....

<input type="checkbox"/> Attorney (must be licensed in Arizona)	<input type="checkbox"/> Financial Planners
<input type="checkbox"/> CPA	<input type="checkbox"/> Actuaries
<input type="checkbox"/> Enrolled IRS Agents	<input type="checkbox"/> Planned Giving Professionals
<input type="checkbox"/> Trust Officers	<input type="checkbox"/> Appraisers
<input type="checkbox"/> Life Insurance Professionals	<input type="checkbox"/> *Board Designated

<b>Meal Preference (for the season) please circle one</b>	<i>Standard Menu</i>	<i>Vegetarian Meal</i>
<b>YES, add my firm website link to the CAEPC website</b>	Add \$25 to your membership check	Website address:

By submission of this application it is agreed that if payment is made by the employer of the applicant, the employer may transfer the membership to another of its employees (qualified as eligible for the membership) upon written notice received by CAEPC.

Return this completed membership application with a check for \$400, plus \$25 for the website link if applicable, *payable to*: **Central Arizona Estate Planning Council**

mail to: CAEPC c/o Premium Organization, PO Box 4130, Scottsdale, AZ 85261-4130  
If using a credit card, please complete the information below and fax or mail your application.

Cardholder Full Name	Card Number
Exp Date	safety digits (reverse side of card)
Signature	MC/Visa Only