

Estate Planning Council of Edmonton

Nomination for Membership

Proposed Member

The undersigned members hereby nominate the following person for membership in the Estate Planning Council of Edmonton:

Full Name:

Membership Category:

Degrees Held:

Professional Designation(s) [CA, CLU, CFP, LLB, RFP, CHFC, etc.]

Name of Business Firm:

Business Address:

Business Telephone:

Business Fax:

E-Mail Address:

Nominating members of the Estate Planning Council of Edmonton:

Name of Member
(Please Print)

Name of Member
(Please Print)

Signature

Signature

Date

Date



Estate Planning Council
of Edmonton