

# Quad City Estate Planning Council 2025

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Application for Membership in the Quad City Estate Planning Council is hereby made by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Firm/Organization: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Business Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Discipline: Attorney \_\_\_\_\_ Accountant \_\_\_\_\_ Insurance & Financial Planning \_\_\_\_\_

Philanthropic Advisor \_\_\_\_\_ Trust Professional \_\_\_\_\_

An individual holding one or more of the following credentials: \_\_\_\_\_

JD, CPA, CLU, CFP, CFA, ChFC, CPWA, CAP, CSPG, CTFA, MSFS, or MST

Individual nominated by the Board for membership\* : \_\_\_\_\_

\*(Board members must be the sponsors on your application)

Years in Discipline: \_\_\_\_\_ %Time Estate Planning currently: \_\_\_\_\_

Reasons for wanting to be a member of the Council: (Include items of relevant interest, such as professional background, professional organizations, lectures, publications, etc.)

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

Name two Current Quad City Estate Planning Council Members as Sponsors:

Sponsor #1 \_\_\_\_\_ Signature \_\_\_\_\_

Sponsor #2 \_\_\_\_\_ Signature \_\_\_\_\_

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

Return completed application to:

**Quad City Estate Planning Council**

**PO Box 4732**

**Davenport, IA 52808**

**-or scan & email to: QCEstatePlanningCouncil@gmail.com**

Questions? Contact us via email: [QCEstatePlanningCouncil@gmail.com](mailto:QCEstatePlanningCouncil@gmail.com)

For general information visit: <http://www.qcestateplan.org/>

*\*\*Membership fees for 2025 are \$225 for check or cash; additional fees for online convenience. Those practicing less than 5 years will receive a 50% discount. Membership fees will be prorated if you join mid-year.\*\**

**FOR OFFICE USE**

Actions on Application:

Received By: \_\_\_\_\_ Distributed to Board (at monthly Board Meeting): \_\_\_\_\_ Distributed to current Membership: \_\_\_\_\_

Approved (10 days post dist to mbrshp): \_\_\_\_\_ New Member Notified on Action: \_\_\_\_\_ Invoiced for Current Dues \_\_\_\_\_