Women's Estate Planning Council Member Update Form

Please be sure to let us know when any of your contact or professional information has changed. **Please complete your name and only the information that has changed.**

Your Name: _____

Firm Name/Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____ Home Telephone Number: _____

E-mail Address: _____

Company Website if you want link from WEPC website: _____

Membership Category (select A for Member, B for Associate Member, or C for Associate Student Member):

A. Member – check as many boxes below as necessary to describe your practice:

- ☐ Accredited Financial Services Professional (CLU, ChFC, CFP, MSFS, LUTCF, CTFA, MBA)
- ☐ Attorney (licensed to practice in Colorado)
- ☐ CPA (licensed to practice in Colorado)
- ☐ Trust Officer (employed by a trust company or bank trust department in Colorado)

B. ☐ Associate Member (a professional who is not in one of the above categories)

C. ☐ Associate Student Member (student pursuing a degree/program in one of the A categories above)

If applying as Associate Student Member, please indicate the school you are currently attending, the degree or program you are pursuing, and the estimated year of graduation:

_____

Certifications – Specify all (e.g. CLU, ChFC, MBA, JD, CPA, other, or "none"): _____

Type of license: _____

Name as it appears on professional license: _____

State issuing license: _____

How many years have you worked in your profession: _____

Five-word description of your business (e.g. certified financial planner, estate planning attorney):

_____

Please save this document to your computer and then email it as an attachment to info@wepc.net.

Thank you for making updates to your membership. Please allow a week for the changes to appear on the WEPC website.