| TO:       | Board of Directors, Estate Planning Council of R       | thode Island  |
|-----------|--|---|
| FROM:     |  | DATE:   |
| Ladies    | and Gentlemen:   |   |
| I here    | eby propose the following individual for members       | ship in the Estate Planning Council of Rhode Island     |
|           |  |   |
| (Please   | e print or type)                                       |   |
| Title at  | t Company:   |   |
| Firm (E   | Business) Name:  |   |
| Contac    | ct Address:  |   |
| E-mail    | Address:   |   |
|           | number: Web s  |   |
|           |  |   |
| This i    | ndividual is actively engaged in the estate planni     | ng area in RI as a: (select one)                        |
|           | Banker active in Trust and/or Wealth Management        | Lawyer  |
|           | Certified Financial Planner                            | Planned Giving Officers of Not-For-Profit Organizations |
|           | Certified Public Accountant (including Enrolled Agent) | Other: Specify:   |
|           | Chartered Life Underwriter                             |   |
| List an   | y additional states in which you are licensed to p     | ractice:  |
| Print N   | lame of Sponsor:                                       |   |
| Print e   | mail:  |   |
| Signati   | ure:   |   |
| Second    | d to Nomination  |   |
| Print N   | lame of Seconder:                                      |   |
| Print e   | mail:  |   |
| Signati   | ure:   |   |
|           | •  | EPCRI Secretary at admin@epcri.org                      |
| EPCRI SEC | Date emailed to Board Date Approved Date to website    | Date Dues Notice sent \$ Date Welcome Letter sent       |

Revised 08/2022