

**APPLICATION FOR MEMBERSHIP IN  
SANTA FE ESTATE PLANNING COUNCIL, INC.**

NAME: \_\_\_\_\_

NAME OF FIRM, if applicable: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

WEBSITE ADDRESS (optional): \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CREDENTIALS, PROFESSIONAL DEGREES OR DESIGNATIONS (Check all that apply):

- |       |                                                                 |       |                                |
|-------|-----------------------------------------------------------------|-------|--------------------------------|
| _____ | Trust Officer                                                   | _____ | Attorney                       |
| _____ | Chartered Financial Analyst                                     | _____ | Certified Financial Planner    |
| _____ | Chartered Life Underwriter                                      | _____ | Chartered Financial Consultant |
| _____ | Certified Public Accountant                                     | _____ | Enrolled Agent with the IRS    |
| _____ | Member, Appraisal Institute                                     | _____ | Licensed Actuary               |
| _____ | Sr. Residential Appraiser                                       | _____ | Sr. Real Property Appraiser    |
| _____ | Registered Investment Advisor                                   | _____ | Series 7 Licensed Broker       |
| _____ | Certified Trust and Financial Advisor                           |       |                                |
| _____ | Senior-level nonprofit development director                     |       |                                |
| _____ | Accredited in Business Valuation or Accredited Senior Appraiser |       |                                |

NUMBER OF YEARS IN ESTATE PLANNING (minimum of three): \_\_\_\_\_

AREAS OF SPECIAL EXPERTISE ON WHICH APPLICANT WOULD BE WILLING TO PREPARE A PRESENTATION TO THE MEMBERSHIP:

\_\_\_\_\_

REASON FOR JOINING: \_\_\_\_\_  
\_\_\_\_\_

REFERENCE (Name of Current SFEPC Member): \_\_\_\_\_

Please return this form to:

Ellen Marshall, Membership Chair  
Phone: 505-986-9635  
E-mail: ellen.marshall@prudential.com