

# Hawaii Estate Planning Council

## Member Application

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

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Company Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

↑  Attorney ↑  Trust Officer  CPA ↑  CLU ↑  ChFC

↑  CFP ↑  CFA  Associate Member \*

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

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We certify that we personally know the above applicant and is qualified to be a member of the Hawaii Estate Planning Council. \*(For Associate Membership only – please describe on following page how this member is involved in Estate Planning)

HEPC SPONSOR: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
(Signature)

HEPC SPONSOR: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_  
(Signature)

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### Membership Fee

INITIATION FEE: \$50.00 ANNUAL FEE \$250.00

Please fill in and mail to: **HAWAII ESTATE PLANNING COUNCIL**  
**P. O. BOX 1227**  
**HONOLULU, HAWAII 96807**

For questions only, call: **CYNTHIA SCHNACK LEE**  
Phone: (808) 547-5278 / Fax: (808) 547-5257  
Email: CYNTHIA.LEE@WELLSFARGOADVISORS.COM

Please be sure to enclose your check payable to: **Hawaii Estate Planning Council** in the amount of:  
**\$300.00**

