



Application for Membership

CONGRATULATIONS ON YOUR DECISION TO LOOK CLOSER AT THE AMERICAN ACADEMY OF ESTATE PLANNING ATTORNEYS TOOLS, SYSTEMS AND MEMBERSHIP!

Whether you're attending our upcoming Boot Camp and Summit, or you know for certain you're ready to join the Academy Membership, we will need to process and approve this Application as part of our qualification process.

Please be frank about the location of all branch offices as well as any disciplinary action you've experienced. We recognize that whether your practice is a well established Estate Planning practice, you're leaving an existing firm and going out on your own, or you're changing directions and shifting from one type of practice into Estate Planning for the first time—this takes capital. We work hard to ensure the Members who join the Academy are in a secure financial position. Please be candid about your available resources so we can properly advise you about the timing of Membership or execution of other goals.

We appreciate your interest in the Academy! We look forward to talking with you soon.

PERSONAL INFORMATION

Applicant's Full Name:
First
Middle
Last
Jr./Sr./II/III

Alias or Maiden Name:

Birth Date: Soc. Sec. No.:
(Required for Credit Check)

Main Office Address:

City, State, Zip:

Phone: Cellular:

Email:

How did you hear about us?

BRANCH OFFICES (IF ANY)

Street Address:

City, State, Zip:

Phone: Fax:

Street Address:

City, State, Zip:

Phone: Fax:

LAW FIRM INFORMATION

My law firm is set up as: Sole Proprietor Corporation LLC LLP Other:

I am a partner in the law firm of

I am a stockholder in a corporation Other

Have you filed bankruptcy within the last ten years, or do you have any outstanding judgments filed against you?

No Yes (Please explain with an attachment.)

Do you carry Malpractice Insurance? Yes No. If I join, I will meet the requirements.

**All Members of the American Academy of Estate Planning Attorneys are required to obtain Malpractice Insurance. Make sure that you meet our Malpractice Insurance Requirement of \$250,000 per incident, \$500,000 per year. We recommend, however, that you have insurance coverage for \$500,000 per incident, \$1 million aggregate per year.*

Number of claims against your Malpractice Insurance in the last 10 years:

If any claims were brought against your Malpractice Insurance, please attach an additional sheet with an explanation.

FINANCIAL INFORMATION

My financial resources are approximately: <\$50K \$50K-\$100K >\$100K

I feel I am in a strong financial position I do not have confidence in my financial position

Comments:

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PROFESSIONAL INFORMATION

EDUCATION				
	DEGREE DATE	SPECIALTY/MAJOR	SCHOOL	DISTINCTIONS
UNDERGRADUATE				
LAW SCHOOL				
POST-GRADUATE WORK (E.G. LL.M., CPA)				
SPECIALTY				
OTHER				

LICENSES TO PRACTICE LAW		
STATE	DATE OF ADMISSION	BAR LICENSE #
1.		
2.		
3.		

*Please list the state for which you would like CLE credit applied in Box 1.

DISCIPLINARY PROCEEDINGS	
If you answer "Yes" to any of the following questions, please attach a separate sheet with an explanation	
Have you ever been publicly or privately censured or disciplined by your Supreme Court Ethics Committee or State Bar Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been disbarred from practicing or voluntarily relinquished your license to practice law in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any securities license or insurance license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any disciplinary proceedings with the SEC, NASD, or any state regulatory body?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LEGAL REFERENCES

PLEASE GIVE US THE NAMES AND ADDRESSES OF THREE PROFESSIONAL LEGAL REFERENCES.

Name:

Street Address:

City, State, Zip:

Phone: Email:

Name:

Street Address:

City, State, Zip:

Phone: Email:

Name:

Street Address:

City, State, Zip:

Phone: Email:

AUTHORIZATION TO VERIFY INFORMATION

I hereby authorize the American Academy of Estate Planning Attorneys to verify all information contained in this application, including contacting individuals, financial institutions, credit reporting agencies, and the appropriate Bar Associations, SEC, NASD, and conducting a thorough background check.

I understand that false and/or inaccurate information on this application could result in forfeiture of my opportunity to become a Member of the American Academy of Estate Planning Attorneys.

I understand that all information reported on this application will be held in strict confidence by the American Academy of Estate Planning Attorneys.

The information contained in this application is truthful and complete to the best of my knowledge and belief. A facsimile copy of this signed Membership Application and Authorization to Verify Information shall be considered as valid as the original.

Firm Name:

Print Name of Signer:

Signature: Date:

Please email or fax the completed application with any attachments to:
Jennifer Price, Chief Operating Officer | jennifer@aaepa.com | Fax: 858.874.2560