



**Membership Renewal
2023-2024**

Date: _____

Applicant Name: _____

Occupation and Description of Specialties: _____

SIEPC membership is limited to 20 persons in each of six categories. Please check the box which best describes your position.

- ☐ Attorney ☐ CPA ☐ Financial Planner ☐ Trust Representative
☐ Insurance Underwriter / Agent ☐ Other Estate Planning Professional

Company: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Membership dues are prorated as follows:

September – May: \$100

If you would like a joint membership with the Estate Planning Council of Metro Louisville for 2023-24, dues for both **are discounted to \$325.**

Please make all checks payable to "SIEPC"

~ OR ~ if you prefer, you may mail this completed form and your check to:

James Plitz
Plitz Estate Planning
2241 State Street, PMB 325
New Albany, IN 47150