



Membership Renewal
2025-2026

Date: _____

Applicant Name: _____

Occupation and Description of Specialties: _____

SIEPC membership is limited to 20 people in each of seven (7) categories. Please check the box which best describes your position.

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

Company: _____

Address: _____

Phone Number: _____

Email Address: _____

Signature: _____

Membership dues are prorated as follows:

September – May: \$125

If you would like a joint membership with the Estate Planning Council of Metro Louisville for 2024-25, dues for both **are discounted to \$425**.

* Retired practitioners are invited to join us monthly for a \$10 fee to cover lunch.

Please make all checks payable to "SIEPC"

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

Bridget Cantrell
CLLB Legal
318 Pearl Street, Suite 200
New Albany, IN 47150