



FALL SUMMIT AND PRE-MEMBERSHIP APPROVAL APPLICATION

PERSONAL INFORMATION

APPLICANT'S FULL NAME: _____
FIRST MIDDLE LAST JR./SR./II/III

ALIAS OR MAIDEN NAME: _____

BIRTH DATE: ____/____/19____ SOC. SEC. NO.: ____ - ____ - ____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____ E-MAIL: _____

OFFICE INFORMATION

FIRM NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (____) _____ FAX: (____) _____

BRANCH OFFICES (IF ANY)

ADDRESS	CITY, STATE, ZIP	PHONE & FAX
		Phone: () Fax: ()
		Phone: () Fax: ()
		Phone: () Fax: ()

BUSINESS INFORMATION

MANAGING PARTNER (if different from above): _____

NAME OF FIRM'S OFFICE MANAGER: _____

DATE BUSINESS ESTABLISHED: _____ CURRENT OWNER SINCE: _____ # EMPLOYEES: _____

TYPE OF OWNERSHIP: Sole Practitioner Partnership Corporation Other LLP/LLC % OF OWNERSHIP: _____

MY LAW FIRM IS SET UP AS: Sole Proprietor Corporation LLC LLP: Other: _____

PLEASE PROVIDE INFORMATION ABOUT HOW YOUR LAW FIRM IS STRUCTURED.

I am a partner in the law firm of _____.

I am a stockholder in a corporation.

I am a member of an LLC or LLP.

Other _____

FINANCIAL INFORMATION

TRADE/CREDIT REFERENCES (PLEASE LIST AT LEAST THREE)

	VENDOR NAME	PHONE NUMBER	CONTACT PERSON
1.			
2.			
3.			

BUSINESS FINANCIAL REFERENCES

	BANK NAME	ACCOUNT NUMBER	TYPE	CURRENT BALANCE
1.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	
2.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	
3.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	

PERSONAL FINANCIAL REFERENCES

	BANK NAME	ACCOUNT NUMBER	TYPE	CURRENT BALANCE
1.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	
2.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	
3.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other:	

HAVE YOU FILED BANKRUPTCY WITHIN THE LAST TEN YEARS, OR DO YOU HAVE ANY OUTSTANDING JUDGMENTS FILED AGAINST YOU? No Yes (Please Explain):

DO YOU CARRY MALPRACTICE INSURANCE? No Yes

All members of the American Academy of Estate Planning Attorneys are required to obtain Malpractice Insurance, if you do not yet have it please simply remit a copy of your Insurance Application. 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 covered for \$500,000 per incident, \$1 million aggregate per year.

PROOF OF MALPRACTICE INSURANCE

NAME OF INSURED	
NAME OF CARRIER	
POLICY NUMBER	
TYPE OF INSURANCE	
LIMITS OF LIABILITY	
EFFECTIVE DATES OF THE POLICY	

NUMBER OF CLAIMS AGAINST YOUR MALPRACTICE INSURANCE IN LAST 10 YEARS: _____

IF THERE WERE ANY CLAIMS PLEASE ATTACH AN ADDITIONAL SHEET WITH AN EXPLANATION.

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 #

DISCIPLINARY PROCEEDINGS

If you answer Yes to any of the following questions, please attach a separate sheet of paper explaining your answer.

Have you ever been publicly or privately censured or disciplined by your Supreme Court Ethics Committee or State Bar Association?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been disbarred from practicing or voluntarily relinquished your license to practice law in any state?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever had any securities license or insurance license suspended or revoked?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Have you ever had any disciplinary proceedings with the SEC, NASD, or any state regulatory body?	<input type="checkbox"/> NO <input type="checkbox"/> YES

PROFESSIONAL LEGAL REFERENCES

Please give us the names and addresses of three professional legal references.

NAME	ADDRESS	CITY, STATE, ZIP	TELEPHONE

ADDITIONAL INFORMATION

What Version of Office do you use?	<input type="checkbox"/> MS-OFFICE 2000 <input type="checkbox"/> MS-OFFICE XP <input type="checkbox"/> MS-OFFICE 2003 <input type="checkbox"/> MS-OFFICE 2007
What Version of Windows do you use?	<input type="checkbox"/> WINDOWS XP PROFESSIONAL <input type="checkbox"/> WINDOWS VISTA HOME PREMIUM <input type="checkbox"/> WINDOWS VISTA ULTIMATE
Do you have an:	<input type="checkbox"/> LCD <input type="checkbox"/> MP3/CD PLAYER
Do you have a Computer Consultant?	<input type="checkbox"/> NO <input type="checkbox"/> YES
Do you use Microsoft Word?	<input type="checkbox"/> NO <input type="checkbox"/> YES, WHICH VERSION?
Are your Computers Networked?	<input type="checkbox"/> NO <input type="checkbox"/> YES, HOW MANY ARE NETWORKED?
What kind of server?	<input type="checkbox"/> PEER-TO-PEER <input type="checkbox"/> WINDOWS 2000 <input type="checkbox"/> WINDOWS 2003 <input type="checkbox"/> WINDOWS SBS <input type="checkbox"/> WINDOWS 2008 <input type="checkbox"/> NOVELL <input type="checkbox"/> OTHER

HOW DID YOU HEAR ABOUT THE AMERICAN ACADEMY OF ESTATE PLANNING ATTORNEYS? (Please Explain):

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, or if I am a member, to lose my membership. 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. If I elect to submit this form via facsimile, I agree to also mail the original signed form to the American Academy of Estate Planning Attorneys immediately.

DATE: _____

FIRM NAME: _____

SIGNATURE: _____

PRINT NAME OF SIGNER: _____

TITLE: _____

Please forward the completed application with any attachments to:

**AMERICAN ACADEMY OF ESTATE PLANNING ATTORNEYS, INC.
Attn: Jennifer Price, Director of Member Services
6050 Santo Road Suite 240
San Diego, CA 92124
Fax: (858) 874-2560**