

ALASKA TRUST & ESTATE PROFESSIONALS

An Alaska Non-Profit Corporation

Keeping Alaska the #1 Planning Jurisdiction

Membership Application

Title Phone Number Address		First Name	Initial		
		Organization Name Email			
		Organization V	Vebsite		
Profession: (Ci	rcle one of the below.)				
Attorney	Trust Professional	Financial Advisor	СРА		
			Other		
	Academic professional accreditation	Insurance Agent ons: <i>(You may substitute an attac</i>	Other ched Bio or Resume.)		
		-			
Describe your	professional accreditation	-	ched Bio or Resume.)		
Describe your	professional accreditation	ons: (You may substitute an attac	ched Bio or Resume.)		
	professional accreditation	ons: (You may substitute an attac	ched Bio or Resume.)		



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Membership Application continued

Select all committee	tees for which y	ou wish to be	considered: (Check one	or more of the below.)			
Exploratory Com	mittee	Revie	w Committee				
Drafting Committ	ee	Legisl	ative Committee				
NOTE: Please review the eligibility requirements for each committee at <u>www.alaskatep.com/membersh</u> prior to making your selection.							
Please describe w	hat you believe	you can contr	ibute to the committe	e(s) you have selected:			
Please suggest a improvement to e	_		atute that you would c n Alaska:	onsider to be an			
How did you hear	about us?						
How did you hear	about us?	Facebook	Friend or Colleague	Brochure			

Return this completed application to <u>alaskatep@gmail.com</u>.