

**SAVANNAH ESTATE PLANNING COUNCIL
2018/2019 Application for Membership and
Renewal of Membership**

(Please print clearly)

Name: _____

Company: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Fax Number: _____

E-Mail Address: _____

List All Professional Designations and License Numbers:

Designation (Example - Esq.):	Description (Example - Attorney)	License No.:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership dues for the current year 2018-2019 are \$250.00
Please send application along with a check to:

**Savannah Estate Planning Council, Inc.
c/o Micki Smith
Hunter, Maclean, Exley & Dunn, P.C.
P. O. Box 9848
Savannah, Georgia 31412-0048**

_____ I do not wish to renew my membership in the Savannah Estate Planning Council. Please remove me from the membership roster. **(Please make sure your name is filled in at the top before mailing.)**