



LEAVE A LEGACY®  
of Central Appalachia

West Virginia – Southeastern Ohio – Eastern Kentucky

**PROFESSIONAL ADVISOR PARTNER REGISTRATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

Company/ organization \_\_\_\_\_

Title \_\_\_\_\_ Professional designations \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cellular phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website address \_\_\_\_\_

Are you a member of an Estate Planning Council  No  Yes [Chapter] \_\_\_\_\_

Are you a member of a Planned Giving Council  No  Yes [Chapter] \_\_\_\_\_

Are you a member of the Partnership for Philanthropic Planning?  No  Yes

**Please check appropriate professional category**

- |  |  |
|--|--|
| <input type="checkbox"/> Accountant, CPA             | <input type="checkbox"/> Attorney                    |
| <input type="checkbox"/> Life Insurance Professional | <input type="checkbox"/> Trust Officer               |
| <input type="checkbox"/> Financial/Estate Planner    | <input type="checkbox"/> Investment Broker/Counselor |
| <input type="checkbox"/> Realtor                     | <input type="checkbox"/> Other _____                 |

**Please indicate your interest in volunteer service to LEAVE A LEGACY® as a presenter on relevant topics:**

- Yes  No

**PARTNER Fee:**

A minimum of \$150 annually is required to to join or renew. Other partnership levels provide additional benefits, including publicity as indicated on the Partner Benefits listing. Your voluntary involvement at these levels will be acknowledged accordingly on the LEAVE A LEGACY® of Central Appalachia website ([www.LALWV.org](http://www.LALWV.org)) and supplementary programs.

**Indicate your level of participation:**

\_\_ \$150 \_\_ \$250 \_\_ \$1,000 \_\_ Other \$ \_\_\_\_\_

**Please make your checks payable to: LEAVE A LEGACY® of Central Appalachia**

Mail to: **LEAVE A LEGACY® of Central Appalachia**  
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Phone (304)342-6972 FAX (304) 342-1639  
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LEAVE A LEGACY® Office Use: Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_