

**AMERICAN ACADEMY OF CERTIFIED ESTATE
PLANNERS
2011 APPLICATION**

Name; _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

Fax: _____

_____ Enclosed is my check for \$195.00 for the annual accreditation fee

_____ Enclosed is my check for \$1,195.00 for the AACEP correspondence course

_____ Enclosed is my check for \$1,495.00 for the Certified Estate Planner Onsite course

List any associate or person who you think might be interested in becoming certified as a
CERTIFIED ESTATE PLANNER.

: _____

Send Application to: AACEP- Accounts Receivable Dept.
P.O. Box 633
Westfield, IN 46074

**You can go to our website at www.americanestateplanners.com and pay any of the
above three fees online by clicking on “Enroll Now”.**