



WILLS/ESTATES  
LAW  
APPLICATION

Elite Lawyers of America, LLC  
1409 Hausman Road  
Allentown, PA 18104  
(610) 432-2221  
Email: elitelawyersofamerica@gmail.com

**APPLICATION FOR MEMBERSHIP**

Please complete this application for membership by answering all applicable questions. Please type your responses or use a pen and print clearly. After completing and signing the application for membership, enclose your one-time non-refundable membership check made payable to "Elite Lawyers of America" in the amount of \$1,000.00. You should receive a response within 2 weeks.

**PERSONAL INFORMATION**

FIRST: \_\_\_\_\_ M.I. \_\_\_\_\_  
LAST: \_\_\_\_\_  
FULL NAME: \_\_\_\_\_  
FIRM NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
ADDRESS (ctd): \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTRY: \_\_\_\_\_  
PHONE (W): \_\_\_\_\_  
PHONE (C): \_\_\_\_\_  
PHONE (FAX): \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_

**EDUCATION INFORMATION**

COLLEGE: \_\_\_\_\_ YR GRAD \_\_\_\_\_  
LAW SCHOOL: \_\_\_\_\_ YR GRAD \_\_\_\_\_



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**APPLICATION FOR MEMBERSHIP (Page 2)**

**CASE INFORMATION**

I hereby certify and represent that I am an attorney authorized to practice law and am a member in good standing in my jurisdiction, county, state and country.

\_\_\_\_\_

INITIALS

I hereby certify and represent that at least one-third of my legal practice is devoted to the practice of Wills and Estate matters.

\_\_\_\_\_

INITIALS

Please indicate the number of times you served as lead counsel in the preparation of a Will or Trust on behalf of a client.

\_\_\_\_\_

NUMBER OF CASES

By completing this application, I hereby agree that I am a lawyer in good standing authorized to practice law in my jurisdiction, state and country and that the information I have provided is true and correct to the best of my knowledge, information and belief and that I, as lead counsel, have concluded the number of Wills or Trusts set forth above. I shall notify the Elite Lawyers of America Organization if I am no longer a member in good standing in my state.

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE