

ESTATE PLANNING COUNCIL *of Greater Miami*

| | |
|-----------|-------------------------|
| I. | APPLICANT'S NAME |
|-----------|-------------------------|

| |
|---------------------|
| HOME ADDRESS |
|---------------------|

| | | |
|-----------------------|---------------------------|----------------------|
| HOME TELEPHONE | BUSINESS TELEPHONE | FAX TELEPHONE |
|-----------------------|---------------------------|----------------------|

| | |
|-----------------------|----------------|
| E-MAIL ADDRESS | WEBSITE |
|-----------------------|----------------|

| |
|---------------------|
| NAME OF FIRM |
|---------------------|

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|-------------------------|
| BUSINESS ADDRESS |
|-------------------------|

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|---|--|
| PROFESSIONAL LICENSE NUMBER <small>(FOR CONTINUING EDUCATION CREDIT PURPOSES)</small> FLORIDA BAR NUMBER CPA CFP® NUMBER | PLEASE INDICATE ADDRESS TO BE USED FOR EPC MAILINGS <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS |
|---|--|

II. I have been actively engaged in the practice of my profession or vocation in Florida for _____ years.
(At least one year is required).

III. *I have been actively engaged in Estate Planning for _____ years. (At least three years required).*

Brief summary of applicant's experience in Estate Planning:

- IV. I am:**
- A member of the Bar of the State of Florida. Date admitted to Florida Bar: _____ License No. _____
 - A Certified Public Accountant registered in the State of Florida. Date: _____ Certificate No. _____
 - A Chartered Life Underwriter (CLU). Date received FL License: _____ License No. _____
 - An officer of the following trust company or bank maintaining a trust department: _____
 - Certified Financial Planner (CFP®). Certification Date _____ Certificate # _____
 - A Chartered Financial Analyst (CFA). Certification Date _____ Certificate # _____
 - A Certified Private Wealth Advisor (CPWA). Certification Date _____ Certificate # _____
 - A Certified Trust and Financial Advisor (CTFA) Certification Date _____ Certificate # _____
 - A Planned Giving Representative at the following non-profit organization: _____
 - Seeking an Associate Membership in the following discipline: _____
*designation must be attained within 5 years of application

V. Educational Background:

| | INSTITUTION | DEGREE | DATE |
|-------------------|-------------|--------|------|
| COLLEGE | | | |
| GRADUATE | | | |
| LAW SCHOOL | | | |
| OTHER | | | |

VI. Professional references: (please list 3 individuals that are different from the sponsors listed below)

| Years Known | Name | Position | Telephone Number |
|-------------|------|----------|------------------|
| | | | |
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VII. Applicant's Statement

"To the best of my knowledge and belief the information contained herein is true and correct. I agree to abide by the decision of the Executive Committee as to the disposition of this application."

DATE

SIGNATURE

VIII. Member Sponsor Reference- (one of whom must be of the same discipline as the applicant).

"I have known this applicant for a period of time indicated below and believe that the applicant possesses the qualifications for admission into the membership and I recommend that his application be approved."

| | Name (Print and Sign) | Years Known |
|-----------------------|-----------------------|-------------|
| First Sponsor | | |
| Second Sponsor | | |

A check for \$350 must accompany this application (includes membership dues and prepaid dinners).

Half year membership rate is \$175 if application is submitted after February 1st.

Membership dues are valid for Council's fiscal year from July 1-June 30.

Save money- Membership & Symposium Package

| | |
|---|-----------------|
| Early Bird Pricing- Membership Fee & Symposium Package | \$480.00 |
| <i>If Paid By September 30, 2018</i> | |
| <i>Savings of \$50!</i> | |

Please make check payable to:

Estate Planning Council of Greater Miami

You may also pay online at the "Council Info" page on our website <http://www.epcmiami.org/members/renewal>

Return to:

Estate Planning Council of Greater Miami
8930 State Road 84, No. 316, Davie, FL 33324

| | |
|---|----------|
| Membership Fee | \$350.00 |
| <i>Due No Later Than September 30, 2018</i> | |
| <i>Does not include Discounted Symposium Registration</i> | |

DO NOT WRITE IN SPACE BELOW

Action taken on application:

Executive Committee

By: _____

Date _____