

# ESTATE PLANNING COUNCIL *of Greater Miami*

**I. APPLICANT'S NAME**

**HOME ADDRESS**

<b>HOME TELEPHONE</b>	<b>BUSINESS TELEPHONE</b>	<b>FAX TELEPHONE</b>
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<b>E-MAIL ADDRESS</b>	<b>WEBSITE</b>
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**NAME OF FIRM**

**BUSINESS ADDRESS**

<b>PROFESSIONAL LICENSE NUMBER (FOR CONTINUING EDUCATION CREDIT PURPOSES)</b> <b>FLORIDA BAR NUMBER</b> <b>CPA</b> <b>CFP® NUMBER</b>	<b>PLEASE INDICATE ADDRESS TO BE USED FOR EPC MAILINGS</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
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**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. \_\_\_\_\_
- Chartered Financial Consultant (ChFC) 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
<b>COLLEGE</b>			
<b>GRADUATE</b>			
<b>LAW SCHOOL</b>			
<b>OTHER</b>			

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

Years Known	Name	Position	Telephone Number

**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
<b>First Sponsor</b>		
<b>Second Sponsor</b>		

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 1<sup>st</sup>.

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

**Save money- Membership & Symposium Package**

<b>Early Bird Pricing- Membership Fee &amp; Symposium Package</b>	<b>\$495.00</b>
<i>If Paid By September 30, 2019 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, 2019</i>	
<i>Does not include Discounted Symposium Registration</i>	

**DO NOT WRITE IN SPACE BELOW**

Action taken on application:

Executive Committee

By: \_\_\_\_\_

\_\_\_\_\_

Date