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|  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**  |
| **BUSINESS ADDRESS**  |
| **PROFESSIONAL LICENSE NUMBER *(FOR CONTINUING EDUCATION CREDIT PURPOSES)*** **FLORIDA BAR NUMBER** **CPA****CFP® NUMBER** | **PLEASE INDICATE ADDRESS TO BE USED FOR EPC MAILINGS** * HOME
* 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** |  |

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

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| **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.”

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

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| 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*

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| Early Bird Pricing-Membership Fee & Symposium Package | $480.00 |
| *If Paid By September 30, 2017* |
| *Savings of $50!* |

 | ***Please make check payable to:*** Estate Planning Council of Greater MiamiYou may also pay online at the “Council Info” page on our website [www.epcmiami.org](http://www.epcmiami.org)**Return to:**Estate Planning Council of Greater Miami8930 State Road 84, No. 316, Davie, FL 33324

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| Membership Fee | $350.00 |
| *Due No Later Than September 30, 2017* |

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| ***DO NOT WRITE IN SPACE BELOW***Action taken on application: **Executive Committee By Date**  |