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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)   |  |  |  |  | | --- | --- | --- | --- | | **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** | | **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 | | *If Paid By September 30, 2017* | | | *Savings of $50!* | | | ***Please make check payable to:***  Estate Planning Council of Greater Miami  You 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 Miami  8930 State Road 84, No. 316, Davie, FL 33324   |  |  | | --- | --- | | Membership Fee | $350.00 | | *Due No Later Than September 30, 2017* | | |
| ***DO NOT WRITE IN SPACE BELOW***  Action taken on application:  **Executive Committee By Date** | |