

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		
	FLORIDA PROFESSIONAL LICENSE NUMBER FLORIDA BAR NUMBER <small>(FOR CONTINUING EDUCATION CREDIT PURPOSES)</small>		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 _____
 - A Certified Public Accountant registered in the State of Florida. Certificate # _____ Date _____
 - A Chartered Life Underwriter. Date CLU rcvd. _____ Date rcvd. FL License _____
 - An officer of the following trust company or bank maintaining a trust department: _____
 - A Certified Financial Planner. Certification Date _____ Certificate # _____
 - A Planned Giving Representative at the following non-profit organization: _____
 - Seeking an Associate Membership in the following discipline: _____

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

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 the 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 \$325 must accompany this application (includes membership dues and prepaid dinners).
 Half year membership rate - \$162.50 if application is submitted after February 1st.
 Membership dues are valid for Council's fiscal year from July 1 – June 30.
 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.

Return to:
 Estate Planning Council of Greater Miami
 P.O. Box 450386
 Miami, FL 33245

DO NOT WRITE IN SPACE BELOW

Action taken on application:

EXECUTIVE COMMITTEE BY

DATE