

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)		PLEASE INDICATE ADDRESS TO BE USED FOR EPC MAILINGS	
FLORIDA BAR NUMBER		<input type="checkbox"/> HOME	
CPA		<input type="checkbox"/> BUSINESS	
CFP® NUMBER			

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
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 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 \$375 must accompany this application.

Half year membership rate is \$187.50 if application is submitted after February 1st.

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

Early Bird Pricing-Membership Fee	\$350
<i>If Paid By August 31, 2021</i>	
<i>Savings of \$25!</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
6574 N State Road 7, No. 234
Coconut Creek, FL 33073

DO NOT WRITE IN SPACE BELOW

Action taken on application:

Executive Committee

By: _____

_____ Date