



I. APPLICANT'S NAME

HOME ADDRESS

HOME TELEPHONE BUSINESS TELEPHONE FAX TELEPHONE

E-MAIL ADDRESS WEBSITE

NAME OF FIRM

BUSINESS ADDRESS

PROFESSIONAL LICENSE NUMBER FLORIDA BAR NUMBER CPA CFP® NUMBER PLEASE INDICATE ADDRESS TO BE USED FOR EPC MAILINGS

II. I have been actively engaged in the practice of my profession or vocation in Florida for ____ years.

III. I have been actively engaged in Estate Planning for ____ years. Brief summary of applicant's experience in Estate Planning:

IV. I am: A member of the Bar of the State of Florida. A Certified Public Accountant registered in the State of Florida. 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:

Table with 4 columns: INSTITUTION, DEGREE, DATE, and rows for 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 **\$425 (membership dues only), or \$750 (membership dues plus prepaid Symposium)**, must accompany this application.

Half year membership rate is \$212.50 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 Fees	\$400 dues only; \$675 dues with Symposium
<i>If Paid By August 31, 2022</i>	
Membership only dues Savings of \$25! Symposium Savings of \$75	

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