



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. ____ [] 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 **\$475 (membership dues only), or \$870 (membership dues plus prepaid Symposium)**, must accompany this application.

Half year membership rate is \$237.50.00 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	\$425 dues only; \$720 dues with Symposium
<i>If Paid By August 31, 2023</i>	
<i>Membership only dues Savings of \$50! Symposium Savings of \$150</i>	

Pay online at the "Council Info" page on our website

<http://www.epcmiami.org/members/renewal>

DO NOT WRITE IN SPACE BELOW

Action taken on application:

Executive Committee

By: _____

Date _____