



**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 Trust and Estate Planning, Administration, or Litigation for \_\_\_\_\_ years. (At least three years required).

Brief summary of applicant's experience:

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**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*

<b>V. Educational Background:</b>			
	<b>INSTITUTION</b>	<b>DEGREE</b>	<b>DATE</b>
<b>COLLEGE</b>			
<b>GRADUATE</b>			
<b>LAW SCHOOL</b>			
<b>OTHER</b>			

**VI.** Professional references: (please list 3 individuals, one of whom must qualify under the same discipline as the applicant)

<b>Years Known</b>	<b>Name</b>	<b>Position</b>	<b>Telephone Number</b>

**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**

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. if application is submitted after February 1<sup>st</sup>.

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

**Early Bird Pricing - \$425 dues only;**  
**Membership Fees \$750 dues with Symposium**  
*If Paid By September 6, 2024*  
**Membership only dues Savings of \$50! Symposium Savings of \$120**

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