



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)

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:

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
- ☐ Seeking a Student Membership (School): _____

V. Educational Background:

	INSTITUTION	DEGREE	DATE
COLLEGE			
GRADUATE			
LAW SCHOOL			
OTHER			

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

Years Known	Name	Position	Telephone Number
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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

Membership:

A check for **\$525** (*membership dues only*), or **\$925** (*membership dues plus prepaid Symposium*), must accompany this application.

Half year membership rate is \$262.50. if application is submitted after February 4th.

Early Bird Pricing \$475 dues only
Membership Fees \$800 dues with Symposium

*If Paid By September 5, 2025
Membership only dues Savings of \$50! Bundled with Symposium
Savings of \$125*

Student Membership:

\$65 per dinner meeting (*maximum 3 dinner meetings annually*)

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

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