



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): _____

<i>V. Educational Background:</i>			
	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

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 10th.

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

*If Paid By September 4, 2026
 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 _____