

**THE ESTATE PLANNING COUNCIL
OF CLEVELAND**

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APPLICATION FOR REGULAR MEMBERSHIP · ANNUAL DUES \$100.00

FULL NAME: _____ **DATE:** _____

PROFESSIONAL DEGREES / DESIGNATIONS HELD (check all that apply):

Atty CPA CLU® ChFC® AEP® CFA CFP® CTFA CWS® CAP® MSFS

Other, please list: _____

WHAT IS YOUR PRIMARY PROFESSIONAL DISCIPLINE? (choose one):

attorney accountant trust officer
 insurance professional financial planning professional planned giving professional

Other, please list and explain: _____

PRESENT EMPLOYER: _____

BUSINESS ADDRESS: _____

BUSINESS CITY, STATE & ZIP CODE: _____

BUSINESS PHONE: _____ **FAX:** _____

EMAIL: _____

WEBSITE FOR ONLINE POSTING: <http://www>. _____

EDUCATIONAL/PROFESSIONAL BACKGROUND – All applicants, please include a summary of professional experience (e.g. one or more of the following: professional bio, resume, CV, and/or LinkedIn page).

Please include any additional information you feel would be helpful here:

PRACTICE START YEAR: _____ **DATE OF BIRTH:** _____

PAYMENT: I am including the dues payment of \$100.00, which I understand will be returned to me if this application is not acted upon favorably.

Check Enclosed *or* Charge my Visa/MC/Amex # _____ Exp. Date _____

For your safety, an application with a credit card payment cannot be accepted via email.
Please mail or fax the application and supplemental information if paying with a credit card.

I affirm that I am interested in and primarily engaged in Estate Planning or related fields and that the foregoing statements are true. I agree, if elected to membership, to abide by the Constitution, Rules and Regulations of the Estate Planning Council of Cleveland and to support its high ethical standards. A new member, as a prerequisite of regular membership, shall be a Certified Public Accountant, Chartered Life Underwriter, Chartered Financial Consultant, Certified Financial Planner®, Trust Officer, Chartered Financial Analyst, Certified Wealth Strategist®, Chartered Advisor in Philanthropy®, Master of Science in Financial Services, or Attorney licensed to practice law in the State of Ohio. In addition, persons who are in the process of attaining any of the aforementioned certifications and/or has substantial work experience in the estate planning or related fields may be considered for regular membership at the discretion of the Board of Trustees.

Recommended by:

sponsor signature (sponsor must be a current EPC member)

applicant signature

print sponsor name for legibility

*The Membership Committee and Board of Directors of the Estate Planning Council of Cleveland may rely on the information contained in a potential member's membership application without independent verification. The Board of Trustees reserves the right to revoke or terminate a person's membership in the Corporation if (a) the person ceases to qualify for membership at a particular level or (b) it is determined that the person significantly misrepresented his or her credentials on the membership application.

Approval _____ Acceptance Date _____