

THE ESTATE PLANNING COUNCIL  
OF CLEVELAND

1120 Chester Avenue, Suite 470 • Cleveland, OH 44114  
(216) 696-1228 • Fax: (216) 696-2582  
email: [admin@epccleveland.org](mailto:admin@epccleveland.org) • website: [www.epccleveland.org](http://www.epccleveland.org)

I hereby apply for membership in The Estate Planning Council of Cleveland as a (check one):

**Junior Member ~**

*A junior member shall (a) be employed at a law firm, charitable organization, financial institution, insurance company, accounting firm, financial planning or services company (including for all purposes as a sole practitioner) and (b) be engaged in the estate or financial planning field at some level for not more than three years. A junior member need not be in the process of attaining a license, degree or certification in his or her chosen field to apply for junior membership, but shall have successfully completed a minimum of two years of college course work at an accredited college or university. **Membership fee- \$42.50***

**Student Member ~**

*A student member shall be enrolled full-time in law school, graduate school or as a junior or senior at an accredited college or university. **Membership fee - \$25***

Full Name: \_\_\_\_\_

**Professional Designations (check all that apply) ~**

Atty  CPA  CLU<sup>®</sup>  ChFC<sup>®</sup>  AEP<sup>®</sup>  CFA  CFP<sup>®</sup>  CTFA  CWS<sup>®</sup>  CAP<sup>®</sup>  MSFS

Other, please list: \_\_\_\_\_

**Contact Information~**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website for Online Posting: <http://www.>\_\_\_\_\_

**Educational and/or Professional Background (please attach a resume or CV) ~**

\_\_\_\_\_  
\_\_\_\_\_

**College or University Name:** \_\_\_\_\_

**City & State:** \_\_\_\_\_ **Years of coursework completed:** \_\_\_\_\_

I affirm that I am interested and 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.\* I am enclosing a check for my membership fee, which I understand will be returned to me if this application is not acted upon favorably.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Application Date*

\_\_\_\_\_  
\_\_\_\_\_  
*Board Approval  
Acceptance Date*

\*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.