

**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 • website: 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: \$25.00***

FULL NAME: _____

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

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

___ Other, please list: _____

EMPLOYER: _____

ADDRESS: _____

CITY, STATE & ZIP CODE: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

YEARS OF PRACTICE*: _____ **DATE OF BIRTH:** _____

*must be under 3 for junior membership

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

EDUCATIONAL/PROFESSIONAL BACKGROUND – All applicants, please attach resume, CV, or additional statement.

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

FOR STUDENT APPLICANTS –

College or University Name: _____

City & State: _____ **Years of coursework completed:** _____

PAYMENT: I am including the dues payment of either \$42.50 or 25.00 based on the above membership selection, 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 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.**

Signature of Applicant

Application 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.