

THE ESTATE PLANNING COUNCIL  
OF CLEVELAND

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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: \$50.00***
- 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 \$50.00 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.