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**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)

January 1, 2019

Dear Potential Member:

Thank you for your interest in the Estate Planning Council of Cleveland! We are delighted that you are considering membership in our association and look forward to welcoming you as a new member very soon.

EPC Cleveland is a diverse, multi-disciplinary membership organization comprised of those who are significantly engaged in the field of estate planning. While a gateway degree or designation is typically required, others with substantial work experience in the estate planning or related fields may be considered for regular membership at the discretion of the Board of Trustees. Our core belief is that the client is best served by the team approach to estate planning. As a result, we admit to membership Certified Public Accountants, Chartered Life Underwriters, Chartered Financial Consultants, Certified Financial Planners, Trust Officers, Chartered Financial Analysts, Certified Wealth Strategists, Chartered Advisors in Philanthropy, those with a Master of Science in Financial Services, or an attorney licensed to practice law in the State of Ohio.

EPC Cleveland is a member council of the National Association of Estate Planners & Councils, the association of choice for estate planning professionals. Spanning the entire United States, NAEPC boasts more than 270 estate planning councils with an estimated 30,000 individual members and provides a national forum for networking and education.

The benefits of membership are many! Monthly and occasionally twice monthly educational programs, including lunches and breakfasts, from field experts, an excellent in-person and virtual networking environment, a mentorship program, member discount programs, access to alternative educational opportunities, and online visibility, just to name a few! You are encouraged to visit our website for additional information on the various opportunities – [www.epccleveland.org](http://www.epccleveland.org).

**When submitting your application, please make sure to complete it in its entirety and to include a resume or CV along with payment.** You are also welcome to submit a brief statement supporting your involvement in the estate planning community, should you wish. A sponsor is required and that person should be a current member of the council. Applications are typically processed within 3 weeks of receipt and you will receive a letter in the postal mail after the application has been processed.

Our office is always available to you at [admin@epccleveland.org](mailto:admin@epccleveland.org) or 216-696-1228 for questions about the council or the application process. Please let us know how we can help!

Best wishes,  
The Estate Planning Council of Cleveland Board of Directors

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APPLICATION FOR REGULAR MEMBERSHIP · ANNUAL DUES \$85.00

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**PROFESSIONAL DEGREES / DESIGNATIONS HELD (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: \_\_\_\_\_

**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 attach resume, CV, or additional statement.**

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

\_\_\_\_\_

YEARS OF PRACTICE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**PAYMENT:** I am including the dues payment of \$85.00, 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<sup>®</sup>, Trust Officer, Chartered Financial Analyst, Certified Wealth Strategist<sup>®</sup>, Chartered Advisor in Philanthropy<sup>®</sup>, 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 \_\_\_\_\_