



**I. APPLICANT'S NAME**

**HOME ADDRESS**

**HOME TELEPHONE** **BUSINESS TELEPHONE** **FAX TELEPHONE**

**E-MAIL ADDRESS** **WEBSITE**

**NAME OF FIRM**

**BUSINESS ADDRESS**

<b>PROFESSIONAL LICENSE NUMBER</b> <small>(FOR CONTINUING EDUCATION CREDIT PURPOSES)</small> <b>FLORIDA BAR NUMBER</b> <b>CPA</b> <b>CFP® NUMBER</b>	<b>PLEASE INDICATE ADDRESS TO BE USED FOR EPC MAILINGS</b> <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS
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**II.** I have been actively engaged in the practice of my profession or vocation in Florida for \_\_\_\_\_ years.  
*(At least one year is required).*

**III.** I have been actively engaged in Estate Planning for \_\_\_\_\_ years. *(At least three years required).*

Brief summary of applicant's experience in Estate Planning:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- IV. I am:**
- A member of the Bar of the State of Florida. Date admitted to Florida Bar: \_\_\_\_\_ License No. \_\_\_\_\_
  - A Certified Public Accountant registered in the State of Florida. Date: \_\_\_\_\_ Certificate No. \_\_\_\_\_
  - A Chartered Life Underwriter (CLU) Date received FL License: \_\_\_\_\_ License No. \_\_\_\_\_
  - Chartered Financial Consultant (ChFC) Date received FL License: \_\_\_\_\_ License No. \_\_\_\_\_
  - An officer of the following trust company or bank maintaining a trust department: \_\_\_\_\_
  - Certified Financial Planner (CFP®). Certification Date \_\_\_\_\_ Certificate # \_\_\_\_\_
  - A Chartered Financial Analyst (CFA) Certification Date \_\_\_\_\_ Certificate # \_\_\_\_\_
  - A Certified Private Wealth Advisor (CPWA) Certification Date \_\_\_\_\_ Certificate # \_\_\_\_\_
  - A Certified Trust and Financial Advisor (CTFA) Certification Date \_\_\_\_\_ Certificate # \_\_\_\_\_
  - A Planned Giving Representative at the following non-profit organization: \_\_\_\_\_
  - Seeking an Associate Membership in the following discipline: \_\_\_\_\_  
*\*designation must be attained within 5 years of application*

**V. Educational Background:**

	INSTITUTION	DEGREE	DATE
COLLEGE			
GRADUATE			
LAW SCHOOL			
OTHER			

**VI. Professional references:** (please list 3 individuals that are different from the sponsors listed below)

<b>Years Known</b>	<b>Name</b>	<b>Position</b>	<b>Telephone Number</b>

**VII. Applicant's Statement**

"To the best of my knowledge and belief the information contained herein is true and correct. I agree to abide by the decision of the Executive Committee as to the disposition of this application."

**DATE**

**SIGNATURE**

**VIII. Member Sponsor Reference-** (one of whom must be of the same discipline as the applicant).

"I have known this applicant for a period of time indicated below and believe that the applicant possesses the qualifications for admission into the membership and I recommend that his application be approved."

**Name** (Print and Sign)

**Years Known**

**First Sponsor** \_\_\_\_\_

**Second Sponsor** \_\_\_\_\_

A check for **\$475 (membership dues only), or \$870 (membership dues plus prepaid Symposium)**, must accompany this application.

Half year membership rate is \$237.50. if application is submitted after February 1<sup>st</sup>.

Membership dues are valid for Council's fiscal year from July 1-June 30.

**Early Bird Pricing - \$425 dues only;**  
**Membership Fees \$750 dues with Symposium**  
*If Paid By September 6, 2024*  
**Membership only dues Savings of \$50! Symposium Savings of \$120**

Pay online at the "Council Info" page on our website

<http://www.epcmiami.org/members/renewal>

**DO NOT WRITE IN SPACE BELOW**

Action taken on application:

Executive Committee

By:

Date