

**THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.
PROPOSED OR RENEWAL MEMBERSHIP APPLICATION 2017-2018**

(Please type or print)

If this is a renewal application, check here _____ and complete items 1-10 (below) only:

1. Full Name (include designations): _____
2. Nick Name: _____
3. Nick Name: _____ Discipline _____
4. Home Address: _____
 - i. _____
5. Firm Name: _____
6. Firm Address: _____
 - i. _____
7. Home Telephone: (_____) _____ - _____
8. Firm Telephone: (_____) _____ - _____
9. Firm Fax: (_____) _____ - _____
10. E-Mail Address (primary): _____

Note: Notices & other correspondence from The EPCRC, Inc. will be sent to you via e-mail, unless you do not have an e-mail address, in which case we will send you a fax. In the event we need to send you

paper correspondence, would you prefer our address of record for you be your home address or your business address: **Home address:** _____ **Business address:** _____

11. Have you ever been a member of an Estate Planning Council? Yes: _____ No: _____
Council Name: _____ Dates: _____

12. Education:

School	Degree	Year
_____	_____	_____
_____	_____	_____

13. Accountants:

- (a) Admitted as a CPA in: _____ Date: ____/____/____
_____ Date: ____/____/____
- (b) Member of (Society name): _____
- (c) Member of American Institute? Yes: _____ No: _____

14. Attorneys:

- (a) Admitted to practice in: _____ Date: ____/____/____
_____ Date: ____/____/____
- (b) Bar memberships: _____

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15. Life Underwriters:

- (a) Received Chartered Life Underwriters Designation in: _____ (Year)
(b) Member in good standing of _____ L. U. Association
_____ Chapter of CLU/ChFC

16. Trust Officers:

- (a) Bank or Trust Company Name: _____
Title: _____

17. Financial Planners:

- (a) Designations _____
(b) Affiliations/Honors: _____

Estate Planning Activities: (Please complete "Remarks" section if necessary)

18. Participation:

I am interested in serving on the following committees:

- a) Membership: _____
b) Programs: _____
c) Estate Planner's Day: _____

19. Name of referring RCEPC member: _____

20. Remarks: Please include a detailed description of your estate planning or estate administration activities and experience; the percentage of practice devoted to these activities; years of experience in estate planning; and any specialized training or education you have:

Signature **Date:** ____/____/____

I request Kosher Meals (you will not incur an extra charge): _____

PLEASE MAKE YOUR CHECK IN THE AMOUNT OF \$275 PAYABLE TO:
"THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC." AND REMIT ALONG
WITH THIS FORM TO:

Michael D. Seidenberg, CPA, P.C.
627 Route 304
New City, NY 10956

845.639.3183
Email: seidenbergcpa@aol.com