

THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.
MEMBERSHIP APPLICATION 2017-2018
(Please type or print)

New member applicants: Please complete this entire application.

Renewing members: Please check here _____ and complete items 1-11 (below) only.

1. Full Name (include designations):

2. Nick Name:

3. Professional Discipline:

4. Home Address:

5. Firm Name:

6. Firm

Address: _____

7. Home Telephone:

8. Business Telephone:

9. Facsimile:

10. E-Mail Address

(primary): _____

11. Email Address

(secondary): _____

Note: In order to timely and efficiently communicate with our members, and to avoid unnecessary mailing costs, we wish to send notices and other correspondence from The EPCRC, Inc. to you via e-mail. These will be sent to the “primary” email address you have listed above. If you do not have an e-mail address, notices will be sent to you via facsimile. Kindly acknowledge your acceptance to receive communiques via email from EPCRC, Inc. by initialing here: _____.

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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:** _____

12. Were you referred to the Estate Planning Council by a current member?

Yes _____ No _____.

If yes, please state the name of the member _____

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

Council Name: _____ Dates: _____

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14. Education- Please state school, degree and year:

15. Accountants:

a. Admitted as a CPA in: _____ Date:

Date: _____

b. Member of (Society name):

c. Member of AICPA? Yes: _____ No:

16. Attorneys:

a. Admitted to practice in: _____ Date:

_____ Date: _____
_____ Date: _____

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b. Bar memberships: _____

17. Life Underwriters:

a. Received Chartered Life Underwriters Designation in: _____ (Year)

b. Member in good standing of _____ L. U. Association

c. _____ Chapter of CLU/ChFC

18. Trust Officers:

a. Bank or Trust Company Name: _____

b. Title: _____

19. Financial Planners:

a. Designations _____

b. Affiliations: _____

20. Committees: I am interested in serving on the following committees:

a) Membership: _____ (b) Programs _____ (c) Dinner _____

19. 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:** _____

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

IF THIS IS A RENEWAL APPLICATION: Please remit your check in the amount of \$275, payable to the "THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC." to: Michael Seidenberg CPA, 627 Route 304 Suite 1800 New City, NY 10956.

_____ My Check # _____ is included.

NEW APPLICANTS FOR MEMBERSHIP, please submit your application to Alfie Schloss – 6 Ungava Drive New City, NY 10956

New applicants will be contacted by the Council regarding payment following receipt of your application.

If you have any questions, please contact Mr. Alfie Schloss at 914-275-3361 or via email to egagtrom@gmail.com.

Thank you!