

THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.
MEMBERSHIP APPLICATION 2018-2019
(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: _____.

THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.
MEMBERSHIP APPLICATION 2018-2019
(Please type or print)

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: _____

Council Name: _____ Dates: _____

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: _____

THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.
MEMBERSHIP APPLICATION 2018-2019
(Please type or print)

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 or e-mail it to him at egagtrom@gmail.com.

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!