

THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.

MEMBERSHIP APPLICATION 2019-2020

(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: \_\_\_\_\_.**

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:** \_\_\_\_\_

Were you referred to the Estate Planning Council by a current member? Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, please state the name of the member \_\_\_\_\_

Have you ever been a member of an Estate Planning Council? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Council Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Council Name: \_\_\_\_\_ Dates: \_\_\_\_\_

**THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.**  
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Education- Please state school, degree and year:

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Accountants:

Admitted as a CPA in: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Member of (Society name): \_\_\_\_\_

Member of AICPA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Attorneys:

Admitted to practice in: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

Bar memberships: \_\_\_\_\_  
\_\_\_\_\_

Life Underwriters:

Received Chartered Life Underwriters Designation in: \_\_\_\_\_ (Year)

Member in good standing of \_\_\_\_\_ L. U. Association  
\_\_\_\_\_ Chapter of CLU/ChFC

Trust Officers:

Bank or Trust Company Name: \_\_\_\_\_

Title: \_\_\_\_\_

Financial Planners:

Designations \_\_\_\_\_

Affiliations: \_\_\_\_\_  
\_\_\_\_\_

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

Membership: \_\_\_\_\_ (b) Programs \_\_\_\_\_ (c) Dinner \_\_\_\_\_



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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:

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**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**IF THIS IS A RENEWAL APPLICATION:** Please update, sign and date page 1 of the application and send it with your check in the amount of \$300, payable to the “THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC.”

**to: Alfie Schloss  
6 Ungava Drive  
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 membership committee regarding payment following receipt and review 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!

