THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC. MEMBERSHIP APPLICATION 2020-2021 (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: _____ 12. Were you referred to the Estate Planning Council by a current member? Yes____No____. If yes, please state the name of the member _____

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13. Have you	ever been a member of an Estate	Planning Council?	Yes: No:	
Council Name: D		tes:		
Council Name:		Dates:		
14. Education-	- Please state school, degree and y	/ear:		
15. Accountan	its.			
a.	Admitted as a CPA in:	Date:		
u.				
b.	Member of (Society name):			
с.	Member of AICPA? Yes:			
16. Attorneys:				
a.	Admitted to practice in:	Date: _		
	_			
		Date:		
16.8	a.i. Bar memberships:			
17. Life Under	rwriters:			
a. Ree	ceived Chartered Life Underwrite	ers Designation in: _	(Year)	
b. Me	ember in good standing of		L. U. Association	
c			Chapter of CLU/ChFC	
18. Trust Offic	cers:			
a. Ba	nk or Trust Company Name:			
	le:			
19. Financial I	Planners:			
19.8	a.i. Designations			
b. Aff	filiations:			

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(Please type or print)

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

a) Board: _____ Membership Committee: _____ (b) Programs Committee ____

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:

IF THIS IS A RENEWAL APPLICATION: Please remit the signed and dated application and your check in the amount of **\$25**, payable to the "THE ESTATE PLANNING COUNCIL OF ROCKLAND COUNTY, INC." to:

Larry Luxenberg 10 Rugby Road New City, NY 10956

_____My Check # ______ is included.

<u>NEW APPLICANTS FOR MEMBERSHIP</u>, please submit your application to Larry Luxenberg 10 Rugby Road New City, NY 10956 or e-mail it to

<u>larry@lexingtonave.com</u>. New applicants will be contacted by the Council membership comittee regarding payment following receipt and review of your application. New membership for 2020 - 2021 is only \$100 which includes all of our remote (ZOOM) programming. If we are able to resume in person meetings, members who attend will be charged the actual cost of their dinner.

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

Thank you!