

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: _____ 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: _____

16.a.i. 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:

19.a.i. Designations

b. Affiliations: _____
