



MEMBERSHIP APPLICATION

APPLICANT'S NAME (Please Print)

BUSINESS TELEPHONE

FIRM

FAX NUMBER

MAILING ADDRESS

CITY, STATE and ZIP CODE

EMAIL ADDRESS

_____ I am applying for active membership and I am currently actively practicing one or more of the estate planning related professions listed below primarily in Broward County, Florida, Palm Beach County, Florida, or Miami-Dade County Florida; and a substantial part of my professional practice or employment is devoted to some area of estate planning.

_____ **ATTORNEY:** I am a member in good standing of the Florida Bar.

_____ **CPA:** I am a CPA duly licensed by the Florida State Board of Accountancy.

_____ **TRUST OFFICER:** I am employed full-time by a national or state chartered bank or savings association having trust powers and providing general trust services, or a trust company licensed to do business in Florida, which maintains an office in Broward County, Florida and I am the chief administrative or executive officer of such an bank or savings association or trust company or I have primary responsibility in estate planning, administration of estates or personal trusts.

_____ **LIFE UNDERWRITER:** I am a member in good standing of the National Association of Life Underwriters or am a member in standing of a chapter of the American Society of Chartered Life Underwriters, Inc.

_____ **DEVELOPMENT OFFICER:** I am a giving or fund raising professional employed full time by an organization qualified as a 501(c)(3) charity which maintains an office in Broward County, Florida and I work in a position with planned giving or fundraising responsibilities.

_____ **FINANCIAL PLANNER:** I hold an active CFP credential in good standing and I practice in the area of estate planning.

_____ I am applying for retired membership and have previously been admitted to active membership, I have ceased the active practice of my profession and I reside in Broward County, Florida.

_____ I am applying for honorary membership and I am either a (circle one) Judge or staff attorney of the Seventeenth Judicial Circuit of Florida. (DUES WAIVED)

Instructions to Applicant

Please send this application with credit card information or a check in the amount of \$300.00 to the Council Secretary for consideration by the Board of Directors. Your \$300.00 annual dues payment includes four regular meetings and two socials. Check(s) should be made payable to **Estate Planning Council of Broward County** and mailed to the following address:

Estate Planning Council of Broward County – 2699 Stirling Road, B200, Ft. Lauderdale, FL 33312

I am applying for membership in the Estate Planning Council of Broward County and pledge that I will abide by the Bylaws of the Council.

(Signed) _____

Date: _____

Credit Card Number: _____ Exp. Date: _____ CVV: _____

SPONSORS: As members of the Estate Planning Council of Broward Co. (at least one of whom is in the same profession as the applicant), we recommend this applicant for membership in the Council.

(Signature)

(Printed Name)

(Profession)

(Telephone #)

(Signature)

(Printed Name)

(Profession)

(Telephone #)