

**ESTATE PLANNING COUNCIL OF EASTERN NEW YORK, INC.**  
**Membership Application**

Name: \_\_\_\_\_  
Designations you wish to have noted in Membership Listing (i.e. CPA, CFP, CTFA, etc.) \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Membership Categories: Please mark any applicable categories, in order (primary, secondary, etc).

- an officer, manager or administrator of the trust department of a trust company or state or federally chartered bank; or
- an individual licensed as a life insurance agent or life insurance broker by the State of New York; or
- an individual who has attained a Chartered Life Underwriter, Chartered Financial Consultant or Certified Financial Planner designation; or
- an attorney admitted to practice law in the State of New York; or
- an accountant licensed as a Certified Public Accountant by the State of New York; or
- a certified fund raising executive; or
- an individual who has attained an accreditation in business valuation by a nationally recognized professional organization; or
- any individual not falling into any of the above seven categories who is seeking qualification for Membership in the discretion of the Board of Directors.

Please provide your primary discipline or designation, any professional degrees, licenses, designations and titles, and any professional associations of which you are a member in good standing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sponsoring Members:

1. \_\_\_\_\_ of \_\_\_\_\_  
Member's Signature Company Name

Print Name Here: \_\_\_\_\_ Telephone

2. \_\_\_\_\_ of \_\_\_\_\_  
Member's Signature Company Name

Print Name Here: \_\_\_\_\_ Telephone

Please Read Carefully

- 1) A check for \$190.00 (\$50.00 Application Fee and \$140.00 for Annual Dues for the fiscal year ending June 30th) made payable to the Estate Planning Council of Eastern New York, Inc. should be submitted with this Application to Stephanie Cogan, Executive Director, Estate Planning Council of Eastern New York, Inc., P.O. Box 11136, Loudonville, New York 12211. Note: If you are applying for Membership after the Council's January meeting you should submit a check for \$120.00 because the Annual Dues for your first year are only \$70.00 (plus the \$50.00 Application Fee).

OR pay online [HERE](#).

(<http://www.epceasternnewyork.org/members/renewal>)

- 2) Both of your sponsors must be members of the Estate Planning Council of Eastern New York, Inc. and at least one sponsor must be a member of your professional category. If you do not fall under any of the seven professional categories outlined above then at least one of the sponsors must be a Member of the Board of Directors.