

Know someone who should be a member? Please pass along this application!

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

Name: _____

Designations for Member Directory Listing (eg. Esq, CPA, CFP, CTFA, etc.) _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Email Address: _____ Website: _____

Membership Categories: 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 fundraising 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

Estate Planning Council of Eastern New York, Inc PO Box 11136 Loudonville, NY 12211

www.epceasternewyork.org epceny@gmail.com 518-458-7774

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 **\$200.00** (\$50.00 Application Fee and \$150.00 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: Applications AFTER January 1: If you are applying for Membership after the Council's January meeting you should submit a check for \$125.00 because the Annual Dues for the remaining half of the year are \$75.00 (plus the \$50.00 Application Fee).

OR pay online HERE.

(<http://www.epceasternewyork.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.

Please contact Executive Director Stephanie Cogan with any questions at
epceny@gmail.com or 518-458-7774

Thank you!

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