

Estate Planning Council of Rochester 54 Woodline Drive Penfield, NY 14526

EPC Rochester Membership Application for 2023-2024

Phone: 585-260-6663 Email: connect@epcrochester.org

New Member

	r Prior Member Re-Applying
V	Professional Designations
Applicant Name	Telephone
Company	Year of Birth
Address	
City/State/Zip	<u>E-Mail</u>
Applicant Must Have Completed the Above Section and Meet the	Following Qualifications:
application that they are: (a) presently actively engaged in the field of est of the professional categories of members listed below, (c) and who have profession (s), and (d) not currently suspended (or who have not been premembers listed below to which they now belong or to which they may ha	ust be from the same discipline as applicant and one must be from a cross-discipline. ent or T&E Administrator signatures.
Bank Trust Officer An applicant shall be a trust officer or a fiduciary off the management and administration of trusts and or estates, or fiducial practice and is recommended for membership by a senior officer of the Planning Council of Rochester.	ary governance and management of the fiduciary application
Attorney An applicant shall be an admitted attorney in New York State the field of estate planning or estate administration, or (2) is employe	
Chartered Life Underwriter An applicant shall be a Chartered Life Unde with the policies of The American College of Financial Services and who estate planning or estate administration.	erwriter who is continuously licensed in accordance
Chartered Financial Consultant An applicant shall be a Chartered Finan accordance with the policies of The American College of Financial Serv	vices, and who is engaged, in substantial part, in
the field of estate planning or estate administration.	EPC will verify with American College of Financial Services
Accountant An applicant shall be a Certified Public Accountant who is en planning or estate administration.	engaged, in substantial part, in the field of estate EPC will verify with NYSED
Certified Financial Planner An applicant shall be a Certified Financial Financial Financial Planner Board of Spart, in the field of estate planning or estate administration.	
Affiliate Applicant is an estate planning professional with more than throther than those listed above. Indicate professional certification	Briefly describe your role, how it relates to estate planning, and reasons for joining the
New Professional Applicant is an individual who would otherwise quali experience. Indicate professional category from list above experience	ify for membership, but is lacking the 3 years of Fetate Planning Council
Student Indicate field of study	
Describe current status as student and expected graduation/completion	n date
I understand that, if approved, my continued membership in the Estate Plar	nning Council of Rochester is contingent upon my continuing qualification according
to Sponsors to the terms under which I joined, <i>plus my attendance at no les</i> notify the Council at such time as I may no longer qualify.	ess than two program meetings a year, and timely payment of dues. I hereby agree to
Signature of Applicant	Date
The undersigned sponsors are current members of the Council, personally qualifications, and recommend that the applicant be admitted into member	rship.
Print or Type Sponsor Name — Phone — — — — — — — — — — — — — — — — — — —	Signature
Registered Discipline (Same as Applicant) Please circle BTO	ESQ CLU CPA CFP ChFC
Print or Type Sponsor Name	SignatureNAFPC

Phone .

Registered Discipline (Different than Applicant) Please circle

CLU

CPA

Date

ESQ

ВТО

CFP

ChFC