
BEPC MEMBERSHIP APPLICATION - *Qualified Financial Advisor*

I hereby apply for membership in the Baltimore Estate Planning Council a Qualified Financial Advisor member. I understand that Qualified Financial Advisor members shall at all times during their active membership be actively engaged in advising clients on estate planning matters. I currently advise clients on estate planning matters and I am:

- (1) a licensed life insurance agent in the State of Maryland who is a member in good standing of the National Association of Insurance and Financial Advisors;
- (2) a financial planner in the State of Maryland who is certified as a Chartered Financial Consultant or Certified Financial Planner®, in good standing with the organization accrediting such designation, if any;
- (3) another qualified financial professional that is actively practicing estate planning in the State of Maryland and has practiced estate planning for a minimum of five (5) years (a person qualifying under this provision will be required to obtain a third professional recommendation and complete section three of the QFA membership application).

NAME: _____

FIRM: _____

JOB TITLE: _____

JOB POSITION: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

YOUR WEBSITE (TO BE PUBLISHED IN DIRECTORY): _____

YOUR CE INFORMATION (if applicable):

MD Insurance Administration (MIA) License Number: _____

Social Security Number: _____ CFP #: _____

MEMBERSHIP SPONSORS

All applicants for membership as a Qualified Financial Advisor shall be sponsored by two (2) active Council members, one (1) of whom is a Qualified Financial Advisor member who **is not** connected professionally with the firm, if any, with which applicant is then associated.

SPONSOR #1: I hereby sponsor the above named applicant for membership

PRINTED NAME: _____

FIRM NAME: _____

SIGNATURE: _____

SPONSOR #2: I hereby sponsor the above named applicant for membership

PRINTED NAME: _____

FIRM NAME: _____

SIGNATURE: _____

BEPC MEMBERSHIP APPLICATION
Qualified Financial Advisor - page 2

SECTION 3—IF APPLYING UNDER THE THIRD QUALIFICATION FOR MEMBERSHIP

PLEASE INCLUDE:

PROFESSIONAL LICENSES AND CERTIFICATIONS OBTAINED _____

LIST OF PROFESSIONAL ASSOCIATIONS ACTIVE WITH _____

CURRENT JOB POSITION AND TITLE _____

NUMBER OF YEARS INVOLVED IN ESTATE PLANNING SERVICES* _____ YEARS.

**A minimum of 5 years experience required*

PLEASE PROVIDE A BRIEF EXPLANATION OF HOW YOUR PROFESSIONAL SERVICES RELATE TO ESTATE PLANNING

Please write legibly. This information can also be provided on a separate sheet included with your application.

SPONSOR #3: This sponsor must not be connected professionally with the firm with which the applicant is associated.

I hereby sponsor the above named applicant for membership

PRINTED NAME: _____

FIRM NAME: _____

SIGNATURE: _____

ANNUAL DUES OF \$110.00 MUST BE INCLUDED WHEN APPLYING FOR MEMBERSHIP. The BEPC membership year is from July 1 through June 30 of each year. Those applying mid-year will receive a prorated invoice for their first full year.

PAYMENT OPTIONS Check Enclosed or Charge my: Visa MasterCard American Express

Card Number: _____ Expiration Date: _____

Signature on Card: _____ Printed Name as appears: _____

Baltimore Estate Planning Council
8480M Baltimore National Pike, #242 - Ellicott City, MD 21043
Phone: 410/465-7011 - Fax: 410/465-7073 - E-mail: bepec@rxassociationmgt.com