



# APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Designation (Choose ONE):  Attorney,  CPA,  LIN,  Trust Officer,  Financial Planner,  Other

## MEMBERSHIP CRITERIA

The membership of the Council shall consist of:

1. Officers of trust companies or banks maintaining trust departments which are actively engaged in trust or estate operations and administration;
2. Chartered Life Underwriters;
3. Attorneys;
4. Certified Public Accountants;
5. Financial Planners with a CFP or ChFC designation;
6. Other Professionals engaged in a field of estate planning that the Board finds appropriate for inclusion in the Council.

Applicants for membership must have significant current involvement in one of the six enumerated categories and must have prior experience in one or more qualifying categories aggregating five years. Additionally, each applicant shall be sponsored by a current member and shall certify to the Board that the membership qualifications have been met. Upon approval by the Board and payment of dues, the applicant shall become a member.

*Season Sponsor*



**Please Check All That Apply**

- I have reviewed the Membership Criteria printed above.
- I currently have significant involvement in one of the six enumerated categories. Please describe.
- I have prior experience in one or more qualifying categories aggregating five years. Please describe.
- My current or prior experience involves category 6. Please describe.

I believe that I meet the qualifications for membership and would like to join the Cincinnati Estate Planning Council.

**Date:** \_\_\_\_\_ **Applicant:** \_\_\_\_\_

**Sponsoring Member**

I am a member in good standing of the Cincinnati Estate Planning Council, and I propose the above-named applicant for membership in the Council. I believe the Applicant meets the membership criteria.

**Date:** \_\_\_\_\_ **Sponsor:** \_\_\_\_\_  
Signature

**Printed Name:** \_\_\_\_\_

<b>2011-2012 CEPC MEMBERSHIP DUES:</b>	<b>\$230.00</b>
<b>Payment Method</b>	
<input type="checkbox"/> Check #: _____ (Payable to Cincinnati Estate Planning Council)	Amount Enclosed \$ _____
<input type="checkbox"/> Charge my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard #: _____ Exp. _____	Amount to Charge \$ _____

**RETURN APPLICATION: BY FAX: 513-563-9743 or EMAIL: cincycouncil@aol.com**  
**MAIL TO: CEPC, 4010 Executive Park Dr., #100, Cincinnati, OH 45241**  
**Questions, please call 513-554-3074**

*Season Sponsor*

