



## **2020-2021 MEMBERSHIP APPLICATION**

Before your request for Membership will be considered,

**BOTH SIDES of your application and the checklist must be COMPLETELY FILLED OUT.**

Once complete, please forward your application to the Membership Committee for review.

**Please note, incomplete applications will result in unnecessary delays in processing or rejection.**

### **CHECKLIST**

#### **Have you:**

- Completed your name and designation?
- Provided a nickname for your permanent Name Tag (if applicable)?
- Completed your contact information?
- Selected a Membership Group (one only)?
- Signed and dated your application?
- Filled out both sides of the application completely?

#### **Has your:**

- EPCWC Endorser #1 printed and signed his/her name and filled in his/her discipline (must be same discipline)?
- EPCWC Endorser #1 provided you with a Letter of Recommendation outlining your involvement and background in estate planning? Have you attached the letter to this application?
- EPCWC Endorser #2 printed and signed his/her name and filled in his/her discipline?

#### **APPLICATION APPROVAL PROCESS (for informational purposes)**

- Applicant forwards a completed and signed application to the Membership Chair.
- Membership Chair forwards completed application to Membership Committee for review and comment.
- Committee member of the same discipline as the applicant conducts a call/interview.
- Committee-approved application is presented at the next meeting of the Board of Directors for review.
- If approved, the Secretary calls the applicant to welcome the new member and sends a Welcome Letter.
- Pro-rated dues invoice and information using the website is emailed by the Website Administrator.

2020-2021 APPLICATION FOR MEMBERSHIP

ESTATE PLANNING COUNCIL OF WESTCHESTER COUNTY, INC

EPCWC received application  
on: \_\_\_\_\_ -

Board of Directors Approved  
on: \_\_\_\_\_

PLEASE INCLUDE MY BUSINESS INFORMATION ON THE COUNCIL'S WEBSITE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

NAME:

Last First Initial Designations

PERMANENT NAME TAG: Above your full name will be your first or nickname in larger print.

If you wish to use a name other than your formal name, please print here \_\_\_\_\_ :

HOME ADDRESS:		HOME PHONE:
COMPANY:		CO. PHONE:
ADDRESS:		FAX:
		CELL:
		E-MAIL :
WEBSITE:		

MEMBERSHIP GROUP: (Check one only)

1. I am an **Attorney** having been admitted to the practice of law before the highest court in \_\_\_\_\_ and my principal occupation is the practice of law.
2. I am a **Certified Public Accountant** and my principal occupation is the practice of accountancy.
3. I am a **Chartered Life Underwriter or Master of Science of Financial Services or Accredited Estate Planner** and my principal duties involve estate planning or advanced underwriting.
4. I am a **Certified Financial Planner** and have a minimum of 5 years' experience involving estate planning.
5. I am an **Officer of a Bank or Trust Company, OR**
6. I am an **Employee of a Bank or Trust Company** and have a minimum of 5 years' experience and my principal duties involve estate planning or administering estates.
7. I am **working toward accreditation** into one the Profession Groups above and **seek admission into the Associate Group.**  
I understand I must obtain the necessary accreditation within four years  
of becoming a member of the Associate Group or my membership in the Council will lapse.  
Check the appropriate Professional Group accreditation number (1\_\_\_\_) (2\_\_\_\_) (3\_\_\_\_) (4\_\_\_\_) (5\_\_\_\_) (6\_\_\_\_)
8. I am actively and substantially engaged in the estate planning process and seek admission to the **Associate Group.**

I hereby apply for membership in the Estate Planning Council of Westchester County, Inc. and agree to abide by the by-laws and the payment of annual dues set by the Board of Directors.

APPLICATION SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_ 20 BY:

APPLICANT SIGNATURE

PLEASE NOTE YOUR BIOGRAPHY AND ACCOMPLISHMENTS AS OUTLINED ON THE REVERSE SIDE.

EPCWC ENDORSERS\*

#1 _____ / _____	_____ / _____
* PRINT NAME - Endorser #1 / same discipline	* SIGNATURE - Endorser #1 / same discipline
#2 _____ / _____	_____ / _____
* PRINT NAME - Endorser #2 / discipline	* SIGNATURE - Endorser #2 / discipline

\* Both endorsers must be members of the Estate Planning Council of Westchester County, Inc. In addition, one of the endorsers must be of the same discipline as the applicant and must submit a letter of recommendation outlining the applicant's involvement and background in estate planning.

EPCWC MEMBERSHIP COMMITTEE TO COMPLETE

Print Name - Membership Committee (same discipline)

SIGNATURE - Membership Committee - same discipline

**REQUIRED:** Complete BOTH sides of this application.

Feel free to attach additional pages. Your resume cannot be used as a substitute for a completed application.

ARE YOU A MEMBER IN GOOD STANDING OF YOUR PROFESSION LISTED UNDER MEMBERSHIP GROUP? YES \_\_\_ / NO \_\_\_

IF NO, attach Explanation.

AS REQUIRED, IN THE PAST YEAR HAVE YOU ATTENDED ANY OF OUR MEETINGS?

YES \_\_\_ Meeting attended \_\_\_\_\_

NO \_\_\_ If not, have you attended a meeting of another Chapter? Indicate Chapter / Date: \_\_\_\_\_/\_\_\_\_\_

**EXPERIENCE:**

a. Explain how your experience relates to estate planning:

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

b. Outline the experience you have had in your occupation or profession including the chronological listing of the firms/companies with whom/which you have been associated to date.

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

**EDUCATION:**

List your colleges, universities, etc. with the degrees and any honors you have earned and the date of graduation.

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

**MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS AND/OR ORGANIZATIONS:**

List the professional organizations to which you currently belong. Also indicate if you have served on the Board or held office(s) in these organizations.

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

**SPECIAL RECOGNITION:**

List any special recognition or honors you have earned relative to your occupation/profession.

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

**ORGANIZATIONS YOU HAVE ADDRESSED AND RESPECTIVE TOPICS:**

Date:	Organization:	Topic:

Please forward your **completed/signed** application and any additional pages to the Membership Committee Chair listed below for review by the Board of Directors:

**ELYSE L. SCHAJER, ESQ.**  
Eugenia Vecchio & Associates, PLLC

Email: [eschajer@gmail.com](mailto:eschajer@gmail.com)

Phone: (917) 450-7247

**BE SURE TO COMPLETE THE CHECKLIST ON THE FIRST PAGE BEFORE SUBMITTING YOUR APPLICATION.**