



2021-2022 MEMBERSHIP APPLICATION

Before your request for Membership will be considered,

ALL PAGES 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 all pages 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 #2 printed and signed his/her name and filled in his/her discipline?
- One of the two EPCWC Endorsers provided you with a Letter of Recommendation outlining your involvement and background in estate planning? Have you attached the letter to this application?

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.

2021-2022 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
PROFESSIONAL DEGREES / DESIGNATIONS HELD (check all that apply):			
<input type="checkbox"/> JD <input type="checkbox"/> CPA <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> AEP <input type="checkbox"/> CFA <input type="checkbox"/> CFP <input type="checkbox"/> CTFA <input type="checkbox"/> CWS <input type="checkbox"/> CAP <input type="checkbox"/> MSFS <input type="checkbox"/> PFS <input type="checkbox"/> CTEP			
If you wish to use a name other than your formal name, please print here _____:			
HOME ADDRESS:		HOME PHONE:	
COMPANY:		CO. PHONE:	
OFFICE ADDRESS:		FAX:	
		CELL:	
		E-MAIL :	
WEBSITE:			

MEMBERSHIP GROUP: I am actively and substantially engaged in the estate planning and/or estate administration process and seek admission to the following membership group (Check one only):

1. **Accountancy Group:** I am a **Certified Public Accountant**, my principal occupation is the practice of accountancy, with a minimum of five years' experience.
2. **Financial Planning Professional Group:** I hold one of the following degrees or certifications: CFP, CLU, Master of Arts or Sciences in Personal Financial Planning, MSFS, AEP, ChFC, PFS, BA or BS in financial planning from a CFP Board registered program, and have a minimum of five years' experience
3. **Trust Officer Group:** I am an officer of a bank or trust company or other employee thereof, and hold one of the following degrees or certifications: CTEP, CAP, CTFA, CFP, CPA, JD or request approval by the Board as being primarily engaged in estate planning or having an advanced certificate or degree, or lengthy experience acceptable to the Board, and have a minimum of 5 years' experience
4. **Law Group:** I am an **Attorney** having been admitted to the practice of law before the highest court in _____ and have a minimum of five years' experience.
5. **Emerging Advisors Group:** I am qualified for a designated Membership Group but do not have a minimum of five years' experience or am working toward a certification into a designated Membership Group
 Check the appropriate Professional Group accreditation number (1____) (2____) (3____) (4____)
Note: A member of the Emerging Advisors Group who is working toward certification must obtain the necessary accreditation within four (4) years of becoming a member of this Group, or their membership in the Council shall lapse
6. **Affiliated Professionals Group:** I am a professional who works or provides services in the estate planning environment but do not fit within one of the above Membership Groups, and have a minimum of five years' experience

I hereby apply for membership in the Estate Planning Council of Westchester County, Inc. and I agree, if elected to membership, to abide by the by-laws of the Council, to support its high ethical standards, and to pay the annual dues set by the Board of Directors. I affirm that I am interested in and primarily engaged in Estate Planning or related fields and that the statements made in this application are true.

Note: The Membership Committee and Board of Directors may rely on the information contained in this application without independent verification. The Board of Directors reserves the right to revoke or terminate membership in the Council if (a) the person ceases to qualify for membership, or (b) it is determined that the person significantly misrepresented his or her credentials on the membership application.

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 current members of the Estate Planning Council of Westchester County, Inc. One of the endorsers must be of the same discipline as the applicant and one of the endorsers 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

SIGNATURE - Membership Committee

REQUIRED: Complete ALL pages 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.

Federman Steifman LLP

Email: eschajer@federmansteifman.com

Phone: (917) 450-7247

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