



2018-2019

# Estate Planning Council of Rochester

P.O. Box 227, East Rochester, NY 14445

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E-Mail: [epc@riversorg.com](mailto:epc@riversorg.com)

# APPLICATION FOR MEMBERSHIP

- New Member  
 Prior Member Re-Applying

Applicant Name _____	Professional Designations _____
Company _____	Telephone _____
Address _____	Facsimile _____
City/State/Zip _____	Date of Birth _____
	E-Mail _____

**Applicant Must Have Completed the Above Section and Meet the Following Qualifications:**

- Applicant must have had at least three years of experience in Estate Planning and/or Estate Administration in any or various positions of bank, as an attorney, as a Chartered Life Underwriter, as a Certified Public Accountant, or as a Financial Planner.
- Applicant must presently spend a substantial portion of his/her time in Estate Planning and/or Estate Administration field.
- Applicant must be sponsored by two Council members: one sponsor must be from the same discipline as applicant and one must be from a cross-discipline.
- Signature of sponsors required on application as well as Trust Department or T&E Administrator signatures.
- Applicant must be further qualified under one of the following sections: (Check Applicable Section)

<input type="checkbox"/> <b>Bank Trust Officer</b> A. Applicant is an Officer in the Bank's Personal Trust Department B. Senior Officer of applicant's Trust Department has verified in box (Senior Officer, if a Council member, may also serve as a sponsor)	Applicant meets all qualifications as set forth on this application.  _____ Signature - Senior Officer, Trust Department
<input type="checkbox"/> <b>Attorney</b> A. Applicant is an admitted attorney B. Applicant is a member of the Monroe County Bar Association C. Applicant is a member of the Trust & Estate or Elder Law Section of the Monroe County Bar Association or the New York State Bar Association D. Employed with a local Surrogate's Court	Applicant is a current member of the Monroe County Bar Association and is a paid member of the MCBA or NYSBA Trust & Estate or Elder Law Section as indicated on application.  _____ Signature - T&E/Elder Law Administrator
<input type="checkbox"/> <b>Chartered Life Underwriter</b> A. Applicant has received the CLU diploma from the American College B. Applicant is a member of the Society of Financial Service Professionals, Rochester Chapter C. The Society of Financial Service Professionals, Rochester Chapter has verified in box	Applicant received CLU designation in 20__ and is a current paid member of the Society of Financial Service Professionals, Rochester Chapter.  EPC Will Verify
<input type="checkbox"/> <b>Accountant</b> A. Applicant is a Certified Public Accountant B. Applicant is a member of the NYSSCPA or AICPA as confirmed by the American Institute of Certified Public Accountants or the New York State Society of Certified Public Accountants	EPC Will Verify
<input type="checkbox"/> <b>Certified Financial Planners OR Chartered Financial Consultant</b> A. Applicant is a Certified Financial Planner as confirmed by the Certified Financial Planner Board of Standards <b>OR</b> has the ChFC designation. B. If applicant has ChFC designation only, applicant must be a member of Society of Financial Service Professionals, Rochester Chapter (formerly CLU, ChFC)	EPC Will Verify

I understand that, if approved, my continued membership in the Estate Planning Council of Rochester is contingent upon my continuing qualification according to Sponsors to the terms under which I joined, **plus my attendance at no less than two program meetings a year**, and timely payment of dues. I hereby agree to notify the Council at such time as I may no longer qualify.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The undersigned sponsors are current members of the Council, personally know the applicant, confirm that the applicant meets all of the above qualifications, and recommend that the applicant be admitted into membership.

Print or Type Sponsor Name _____	Signature _____	Phone _____	Date _____
<i>Registered Discipline (Same as Applicant)</i> <input type="checkbox"/> BTO <input type="checkbox"/> ESQ <input type="checkbox"/> CLU <input type="checkbox"/> CPA <input type="checkbox"/> CFP/ChFC			

Print or Type Sponsor Name _____	Signature _____	Phone _____	Date _____
<i>Registered Discipline (Different than Applicant)</i> <input type="checkbox"/> BTO <input type="checkbox"/> ESQ <input type="checkbox"/> CLU <input type="checkbox"/> CPA <input type="checkbox"/> CFP/ChFC			

<b>Council Use Only</b>	Date Received: _____	Date Approved: _____	Date Admitted: _____	Reviewed By: _____	Declined: _____
Sys ID: _____					