ESTATE PLANNING COUNCIL OF BERGEN COUNTY, INC.

MEMBERSHIP APPLICATION 2018-2019

	INSTRUCTIONS: The following requirements are a condition precedent to being considered for membership:		
1.	The nominee must devote a significant portion of his/her time and effort to the discipline for which he/she is being nominated.		
2.	To be eligible, two members must sponsor the nominee, neither of whom can be from the same firm as the nominee.		
3.	The completed application must be mailed/faxed/e-mailed to the current Chairperson of the Membership Committee or directed to him/her through a current officer of the Council.		

(Please type	or	print)
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Nomination for	, DISCIPLINE. See #5,6,7,8,9,& 10
for category listings.)	

1)	Name of Nominee
	Preferred Nickname

Firm Name	
Address	
Business Telephone #	_Business Fax #
Business E-Mail	

2) Has the nominee ever been a member of an Estate Planning Council - Yes____No____

	Council(s):	<u>Dates</u>
3)	EDUCATION:	
	School	Degree
	School	Degree
	School	Degree

4) EMPLOYMENT HISTORY: Please provide previous 10 years, listing last job first.

Degree

School

From	То	Employer	Duties
From	То	Employer	Duties
From	То	Employer	Duties
From	То	Employer	Duties

PLEASE COMPLETE ALL RELEVANT INFORMATION (Items 5,6,7,8, or 9 & 10)

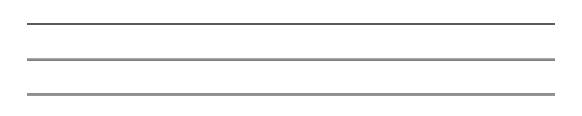
5) ACCOUNTANTS:

	(a)	Admitted as a CPA in	,		
		(State & Year)	r	(State & Year))
				(State & Year)
			(2	State & Year)	
	(b)	Member in good standing of a State CP	A Society?	Yes	No
	(c)	Member in good standing of the AICPA	\ ?	Yes	No
6)	A	ITORNEYS:			
	(a)	Admitted to practice law in			
	.,			r) (State	& Year)
		()	······································		0 1/
		(5	state & Year	r) (State	a & Year)
	(b)	Member of good standing of			Bar(s)
	(c)	Member of		Bar A	Associations
7)	LI	FE INSURANCE PROFESSIONALS:			
	(a)	Received Chartered Life Underwriter D	Designation i	n	_
				(Year)	
	(b)	Received other professional designation			
			Design	nation	Year
			Design	nation	Year
	(c)	Member in good standing of Underwriting Association			Life
		and		Chapter of	f CLU/ChFC
	(A)) Licensed to sell insurance in			
	(u)		ate)		

8) BANKING AND TRUST OFFICERS:

(8	a) Nominee's present title is	
	at	
	(Institution)	
(1	b) Function at Institution :	
(4	c) Professional Designations :	
9) A	T-LARGE MEMBERS:	
(a)) Professional Designations:	
(b) Professional Affiliations/Honors:	
10) F	INANCIAL PLANNERS:	
(a)) Professional Designations:	
(b) Received Professional Designations:	
	Designation	Year
	Designation	Year

11) PHILANTHROPIC PROFESSIONALS: (*identify current position*): Planned Giving Specialist; Principal Gift Officer; Major Gift Officer; Director of Development; Non-profit CEOs and Executive Directors; Nonprofit Board Members and Trustees; Fundraising Consultants).



12) SUPPLEMENTAL INFORMATION: (To be completed by all applicants)

(a) Additional Qualifications: (Please describe your estate planning or estate administration activities and experience – if not noted above – and any specialized training or education.)

(b) Personal Statement: (Please describe what you feel you can contribute to the Estate Planning Council should you become a member.)

13) ADDITIONAL COMMENTS:

The nominee has attended two meetings as a guest to meet with members of the Board and Council members. The nominee also understands that the annual dues (\$395 for 2018-2019) will become payable upon acceptance of the application and that all members are expected to attend meetings and remain a member in good standing.

By signing and submitting this application, the applicant certifies that (1) he/she has practiced estate planning or has had substantial involvement in estate planning or in a related field; (2) that all licenses and/or designations, if any, held by applicant are current and in good standing, including continuing education requirements; and (3) that he/she agrees to adhere to and respect the ethical standards of his/her own profession and the independence and standards of the other professions and disciplines represented in the Council.

Meetings attended as a guest (dates): ______ and _____

_____ Signature of Applicant

_____ Date

14) SPONSORS' CERTIFICATION: We certify that the nominee is engaged in the practice of estate planning in his/her discipline.

Sponsor: _____ Signature/Date: _____

PRINT NAME

Co-Sponsor: ______ Signature/Date: ______

PRINT NAME

15) RECEIPT: The above completed Membership Application has been received by the Estate Planning Council of Bergen County on: _____.

By: _____, Membership Chairperson

PLEASE RETURN COMPLETED APPLICATION TO:

Estate Planning Council of Bergen County, Membership Chair

JoAnne Geylin, CPA

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