# ESTATE PLANNING COUNCIL OF BERGEN COUNTY, INC.

## **MEMBERSHIP APPLICATION 2014-2015**

|   | TRUCTIONS: The following requ<br>sidered for membership:  | irements are a condition precedent to being |  |  |  |  |
|---|---|---|--|--|--|--|
| 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<br>Chairperson of the Membership Committee or directed to him/her through a<br>current officer of the Council. |   |  |  |  |  |
| (Pleas                                    | se type or print)   |   |  |  |  |  |
| Nomination for<br>for category listings.) |   | , DISCIPLINE. See #5,6,7,8,9,& 10           |  |  |  |  |
| 1)  |   |   |  |  |  |  |
| N   | ame of Nominee  | Preferred Nickname                          |  |  |  |  |
| Н   | ome Address   |   |  |  |  |  |
| Н   | ome Telephone #   | Home Fax #                                  |  |  |  |  |
| Η   | ome E-Mail  |   |  |  |  |  |
| Fi  | rm Name   |   |  |  |  |  |
| А   | ddress  |   |  |  |  |  |
| B   | usiness Telephone #   | Business Fax #                              |  |  |  |  |
| B   | usiness E-Mail  |   |  |  |  |  |
| Сс  | prrespondence from the Council she  | ould be sent to the nominee's Home Office   |  |  |  |  |

2) Has the nominee ever been a member of an Estate Planning Council \_\_\_ Yes \_\_ No

Council(s):

#### Dates

### 3) EDUCATION:

| School | Degree |
|--------|--------|
|        |        |
| School | Degree |
|        |        |
| School | Degree |
|        |        |
| School | Degree |

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

| 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  | , (State & Year)<br>, (State & Year)   |   |  |  |  |
|  | (State & Year)   |   |  |   |  |  |  |
| (b) Member in good sta                                 | anding of the NJ State Se  | ociety?   | Yes  | No  |  |  |  |
| (c) Member in good standing of the AICPA?              |  |   | Yes  | No  |  |  |  |
| ATTORNEYS:   |  |   |  |   |  |  |  |
| (a) Admitted to practice law in                        |  |   |  |   |  |  |  |
| (State & Yea   |  |   | (State & Y   | Year)   |  |  |  |
|  |  |   |  |   |  |  |  |
|  | (State   | , Year)   | (State & Y   | (ear)   |  |  |  |
| (b) Member of good st                                  | anding of  |   |  | _Bar(s)   |  |  |  |
| (c) Member of  |  |   | Bar Asso   | ociations   |  |  |  |
| LIFE UNDERWRITE  | RS:  |   |  |   |  |  |  |
| (a) Received Chartered Life Underwriter Designation in |  |   |  |   |  |  |  |
| ()   |  |   |  |   |  |  |  |
| (h) Dessived other may                                 | factional designations   |   |  |   |  |  |  |
| (b) Received other pro-                                | lessional designations.  | Designation   | Ye   | ear   |  |  |  |
|  |  | U   |  |   |  |  |  |
|  |  | Designation   | Ye   | ear   |  |  |  |
|  |  |   |  | Life  |  |  |  |
| and  |  | (   | Chapter of CI  | U/ChFC  |  |  |  |
|  | <ul> <li>(b) Member in good state</li> <li>(c) Member in good state</li> <li>ATTORNEYS:</li> <li>(a) Admitted to practice</li> <li>(b) Member of good state</li> <li>(c) Member of</li> <li>LIFE UNDERWRITED</li> <li>(a) Received Chartered</li> <li>(b) Received other protection</li> <li>(c) Member in good state</li> <li>(c) Member in good state</li> <li>(c) Member in good state</li> </ul> | (State & Year)         (b) Member in good standing of the NJ State S         (c) Member in good standing of the AICPA?         ATTORNEYS:         (a) Admitted to practice law in | (State & Year)       (State         (State & Year)       (State         (b) Member in good standing of the NJ State Society? | (State & Year)       (State & Year)         (State & Year)       (State & Year)         (b) Member in good standing of the NJ State Society?       Yes         (c) Member in good standing of the AICPA?       Yes         ATTORNEYS:       (a) Admitted to practice law in |  |  |  |

### 8) BANKING AND TRUST OFFICERS:

| ar   |
|------|
| a1   |
| ar   |
|      |
| ized |
|      |

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

12) 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 (\$385 for 2014-2015) will become payable upon acceptance of the application and that all members are expected to attend meetings and remain a member in good standing.

Meetings attended as a guest (dates): \_\_\_\_\_\_ and \_\_\_\_\_

Signature of Applicant

Date

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

Sponsor: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

Co-Sponsor: \_\_\_\_\_ Signature/Date: \_\_\_\_\_

14) 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

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