

ESTATE PLANNING COUNCIL OF BERGEN COUNTY, INC.

MEMBERSHIP APPLICATION 2020-21

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)

Nomination for _____, DISCIPLINE. See #5,6,7,8,9 & 10 for category listings.)

- 1) _____
Name of Nominee
- 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):	Dates
_____	_____
_____	_____

- 3) EDUCATION:

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

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

5) ACCOUNTANTS:

(a) Admitted as a CPA in _____, _____
(State & Year) (State & Year)

_____, _____
(State & Year) (State & Year)

(b) Member in good standing of the NJ State Society? _____ Yes _____ No

(c) Member in good standing of the AICPA? _____ Yes _____ No

6) ATTORNEYS:

(a) Admitted to practice law in _____, _____
(State & Year) (State & Year)

_____, _____
(State & Year) (State & Year)

(b) Member of good standing of _____ Bar(s)

(c) Member of _____ Bar Associations

7) LIFE UNDERWRITERS:

(a) Received Chartered Life Underwriter Designation in _____
(Year)

(b) Received other professional designations: _____
Designation Year

Designation Year

(c) Member in good standing of _____ Life
Underwriting Association
and _____ Chapter of CLU/ChFC

8) BANKING AND TRUST OFFICERS:

(a) Nominee's present title is _____
at _____
(Institution)

(b) Function at Institution : _____

(c) Professional Designations : _____

9) AT-LARGE MEMBERS:

(a) Professional Designations: _____

(b) Professional Affiliations/Honors: _____

10) FINANCIAL 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 (\$285 for 2020-21) 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 _____

CERTIFICATION:

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

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

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, INC.
215 GODWIN AVENUE, #23
MIDLAND PARK, NJ 07432

For questions, please contact:

Estate Planning Council of Bergen County, Membership Chair
Barbara Collins
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E-mail: Barbara.Collins@bnymellon.com