

**ESTATE PLANNING COUNCIL OF BERGEN COUNTY, INC.**

**MEMBERSHIP APPLICATION 2017-2018**

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  
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):

Dates

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3) EDUCATION:

School

Degree

School

Degree

School

Degree

School

Degree

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

From

To

Employer

Duties

From

To

Employer

Duties

From

To

Employer

Duties

From

To

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) (State & Year)  
\_\_\_\_\_, \_\_\_\_\_  
(State & Year) (State & Year)
- (b) Member in good standing of a State CPA 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 INSURANCE PROFESSIONALS:

- (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
- (d) Licensed to sell insurance in \_\_\_\_\_  
(state)

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.)

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

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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 (\$385 for 2017-2018) 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

Kenneth Horowitz, CLU®, ChFC®, RICP® Integrated Benefit Consultants

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Rye Brook, NY 10573 Phone: 914-288-8946  
Fax: 914-288-8803  
Email: [khorowitz@glic.com](mailto:khorowitz@glic.com)