



**THE ESTATE PLANNING COUNCIL  
OF SUFFOLK COUNTY, INC.**

Jeffrey Gibraltar  
c/o Klein Liebman & Gresen, LLC  
6800 Jericho Turnpike, Suite 206E  
Syosset, NY 11791  
Tel.: (516) 364-3232/ Fax: (516) 364-3186

[www.epcsny.org](http://www.epcsny.org)

**APPLICATION FOR MEMBERSHIP**

(Attach additional pages if needed)

Name: \_\_\_\_\_ E-mail \_\_\_\_\_  
Company or Firm: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

**Admission is desired in the following group:**

_____ Certified Public Accountant	(Per Section 3.01(b)(i) of the By-Laws)
_____ Attorney	(Per Section 3.01(b)(ii) of the By-Laws)
_____ Trust Officer	(Per Section 3.01(b)(iii) of the By-Laws)
_____ Accredited Financial Planner	(Per Section 3.01(b)(iv) of the By-Laws)
_____ Other Related Activity	(Per Section 3.01(c) of the By-Laws)
_____ Retired Member	(Per Section 3.03 of the By-Laws)
_____ Honorary Member	(Per Section 3.04 of the By-Laws)

1) List names of Professional Associations to which you currently belong (e.g. Bar Association, FSP, NAIFA, CFP, FPA, CPA Society, etc.) and how long a member:

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2) Education and Degrees (College, Professional or Graduate School, with dates of graduation):

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**The Estate Planning Council of Suffolk County, Inc.  
Application for Membership (page 3)**

I am submitting this Application for membership subject to the By-Laws and procedures of the Estate Planning Council of Suffolk County, Inc., which provide for a review of my experience, qualification, education, professional affiliations and other pertinent factors, initially by the Membership Committee and then by the Board of Directors of the Council. I am aware that the non acceptance of my Application will not reflect adversely on me and I expressly release the Council, members of the Membership Committee, and Officers and Directors of any claim for damages of any kind and nature resulting from the non acceptance of my Application. Furthermore, I acknowledge that the consideration of my Application is conditioned on the foregoing truthful representations made by me.

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

NOTE: Please forward completed Application for Membership to:

Jeffrey Gibraltar  
c/o Klein Liebman & Gresen, LLC  
6800 Jericho Turnpike, Suite 206E  
Syosset, NY 11791  
Tel.: (516) 364-3232/ Fax: (516) 364-3186

***Note: Please include your check payable to Jeffrey Gibraltar in the amount of \$300.00.***

Membership Committee reviewed and approved by:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Date: \_\_\_\_\_

