



THE ESTATE PLANNING COUNCIL OF SUFFOLK COUNTY, INC.

Attn: Pasquale Rafanelli
 c/o Empire Valuation Consultants 800
 Veterans Highway, Suite 302
 Hauppauge, NY 11788
 Tel.: (631) 719-3222

www.epcsny.org

APPLICATION FOR MEMBERSHIP

(Attach additional pages if needed)

Name: _____ E-mail: _____
 Company or Firm: _____ Home Address: _____
 Business Address: _____
 _____ 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:

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

**The Estate Planning Council of Suffolk County, Inc.
Application for Membership (page 2)**

3) Names of firms/corporations with which you have been associated, with dates, positions, etc.:

4) Describe IN DETAIL how you meet the requirements of Section 3.01(b) or 3.01(c) of the attached By-Laws, including your past business experience (if seeking admission to Accredited Financial Planner group under Section 3.01(b)(iv), indicated CLU, ChFC or CFP). Attach additional pages if needed:

Written endorsement is required of ONE (1) MEMBER IN GOOD STANDING who personally knows the applicant. (Please include the attached endorsement and/or additional pages if needed).

This Affirmation is submitted by the undersigned as part of the Application for Membership in the Estate Planning Council of Suffolk County, Inc., and it is expressly agreed that the terms and conditions contained herein will govern the consideration and disposition of such Application.

**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

Please forward this completed application for membership to the member endorsing your application.

Annual Membership fee is \$350.00 and can be paid on line after approval.

Membership Committee reviewed and approved by:

1) _____ 2) _____ 3) _____

Date: _____

