

 **APPLICATION FOR MEMBERSHIP**

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| **NAME OF APPLICANT:** |       |
| **DESIGNATION(S):** |       |
| **NAME OF EMPLOYER:** |       |
| **TITLE/POSITION:** |       |
| **ADDRESS:** |       |
| **CITY:** |       | **STATE:** |       | **ZIP:** |       |
| **PHONE:** |       | **EMAIL:** |       |
| **Website** |       |

 **Designation (Choose ONE):** [ ] **Att.,** [ ]  **CPA,** [ ] **LIN,** [ ] **Trust Professional,** [ ] **Financial Planner,** [ ] **Other**

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|[ ]  I consent for my contact information to be listed publicly on the CEPC website.\* |
| *\*CEPC offers a Public Directory of our Active Members’ contact information; your information will only be listed publicly if you consent. Otherwise, your details will only be viewable by other members.* |

**MEMBERSHIP CRITERIA**

The membership of the Council shall consist of:

1. Officers of trust companies or banks maintaining trust departments which are actively engaged in trust or estate operations and administration;

 2. Chartered Life Underwriters;

 3. Attorneys;

 4. Certified Public Accountants;

 5. Financial Planners with a CFP or ChFC designation;

6. Other Professionals engaged in a field of estate planning that the Board finds appropriate for inclusion in the Council.

Applicants for membership must have significant current involvement in one of the six enumerated categories and must have prior experience in one or more qualifying categories aggregating five years. Additionally, each applicant shall be sponsored by a current member and shall certify to the Board that the membership qualifications have been met. Upon approval by the Board and payment of dues, the applicant shall become a member.

**[x]  Please Check All That Apply**

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|[ ]  I have reviewed the Membership Criteria printed above. |
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|  [ ]  | I have significant current involvement and prior experience in one or more of the five enumerated categories aggregating five years. Please describe |
|       |
|[ ]  I have significant current involvement and prior experience which includes in whole or in part category 6 aggregating five years. Please describe. |
|       |
|  |
| I believe that I meet the qualifications for membership and would like to join the Cincinnati Estate Planning Council. |
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| **Date:**  |       | **Applicant**: |       |
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| **Sponsoring Member** |
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| I am a member in good standing of the Cincinnati Estate Planning Council, and I propose the above-named applicant for membership in the Council. I believe the Applicant meets the membership criteria. |
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| **Date:** |       | **Sponsor:** |       |
|  |  |  | Signature |
|  |  | **Printed Name:** |  |

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| 2024-2025 CEPC MEMBERSHIP DUES: | **$240.00** |
|  | **Payment Method** |  |
|   |  |  |
|       | Amount Enclosed  |
| [ ] Check #: |       | (Payable to Cincinnati Estate Planning Council) | $ |       |  |
|  |
|  |  |
|   |  |  |
| Charge my: [ ] Visa [ ] MasterCard [ ] American Express [ ] Discover | Amount to Charge |
| Name on Card |       | Exp. |       |  | $ |  |  |
| Card #: |       | SEC: |       |  |  |  |  |
|  |  |

RETURN APPLICATION: BY EMAIL: administration@cincinnatiestateplanningcouncil.com
 MAIL TO: CEPC, 4010 Executive Park Dr., #100, Cincinnati, OH 45241

Questions, please call 513-554-3074