**Membership Application**

Estate Planning Council of Richmond

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduate Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior Employment (Last 10 Years):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am and have been active in the field of estate planning since approximately \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Please check the appropriate category for which you are applying:**

* **Attorney:** I am duly licensed to practice law in Virginia and am actively engaged in the private practice of law. My practice involves (at least in part) the preparation of trust instruments, preparation of wills, tax planning, or administration of estates.
* **CPA:** I am a Certified Public Accountant actively engaged in the practice of public accounting. My practice involves (at least in part) the tax planning of trusts of decedents’ estates from an income, gift or estate tax standpoint.
* **CFP:** I am a Certified Financial Planner actively engaged in the field of financial planning. My practice involves providing analysis and advice to the public on income tax management, employee benefits, retirement planning, estate planning, investment management, and insurance. I have been awarded the CFP designation by the Certified Financial Planner Board of Standards of Denver, CO and am a member in good standing of The Financial Planning Association.
* **CLU/ChFC:** I am an insurance advisor actively engaged in the writing, sale or analysis of life insurance policies and have been awarded the CLU or ChFC designation by The American College of Bryn Mawr, Pennsylvania. I am a member of the Richmond (or other) Association of Insurance & Financial Advisors.
* **Trust Officer:** I am an employee of a bank or banking institution and am actively engaged with its trust department in the planning for or administration of trusts or decedents’ estates.
* **Academics/Foundations:** I am (i) an employee of a charitable non-profit organization and am actively engaged in donative planning, charitable planning, or advising exempt organizations or (ii) a full-time university or graduate school professor and am actively engaged in teaching an estate planning related topic.
* **Transfer:** I wish to transfer my membership from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EPC where I have been a member for \_\_\_\_\_\_\_\_ years. A letter of recommendation with current member status verification is attached from an Executive Committee member of my current Estate Planning Council.

I currently belong to the following professional associations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date Applicant Signature

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Date Sponsor Signature/ also PRINT NAME

# Sponsoring Member Section

This section is to be completed by your sponsoring member. \*Transfer applicants do not need to complete this section. All information will be held in strict confidence by the Executive Board.

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Please describe any business or professional relationship you have with the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Do you believe the applicant would attend meetings of the Richmond Estate Planning Council and make contributions to the Council and its members? Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. Please add any additional comments you may wish to make. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Sponsoring Member Date

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Printed name of Sponsoring Member

## Membership Process

Complete entire application by obtaining signature and responses to questions on page two from your sponsoring member.

Mail, fax or email completed application to:

Liza Bowersox, Membership Chair
Weaver

8705 Shadow Lane

Henrico VA 23229

Phone: 502-994-9824

Email: Liza.Bowersox@weaver.com

Completed applications are reviewed periodically by the Executive Board in the order in which they are received. 2023-2024 meetings will be held in October, December 2023, and February, March, and the Annual Meeting in May 2024. Cut off for applications for 2023-2024 full membership year is December 1, 2023, but applications are reviewed and accepted all year.

Do not submit monies with your application. You will receive notification of approval with an invoice for annual dues.