



NAME: _____

COMPANY/TITLE: _____

STREET/CITY/ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

HOME ADDRESS: _____ CITY/ZIP _____

ALTERNATE EMAIL _____ CELL PHONE: _____

MEMBERSHIP: EPCDV has nine (9) categories of membership and membership in each category is limited to a percentage of our total chapter membership. Check as many boxes as you qualify for.

| Check All That Apply | Category | Max % | License No. |
|--------------------------|---|-------|-------------|
| <input type="checkbox"/> | Attorney | 40% | |
| <input type="checkbox"/> | Certified Public Accountant (CPA) | 40% | |
| <input type="checkbox"/> | Certified Financial Planner (CFP) | 40% | |
| <input type="checkbox"/> | Chartered Financial Consultant (ChFC), Chartered Life Underwriter (CLU) | 40% | |
| <input type="checkbox"/> | Trust Officer, Private Fiduciary | 40% | |
| <input type="checkbox"/> | Chartered Financial Analyst (CFA); Certified Investment Management Analyst (CIMA) | 40% | |
| <input type="checkbox"/> | Chartered Retirement Planning Counselor (CRPC) | 40% | |
| <input type="checkbox"/> | Judicial Officer, Probate Examiner, Probate Referee | 40% | |
| <input type="checkbox"/> | Member-at-Large | 15% | |

An applicant for membership must demonstrate that they are **clearly engaged in estate planning activities** and either:

- 1) Qualify in one or more of the first five categories listed above or
- 2) At the discretion of the Board, be accepted as a Member-at-Large based on factors including, but not limited to, the type and length of employment related to estate planning and/or estate administration, level of formal education and activities in the estate planning arena as demonstrated by memberships in other organizations, speaking and/or teaching engagements, published articles, and general stature in the business and/or academic community.

NOMINATION: Nomination by two members, who have been members for at least one year, is required. Nominating members must have sufficient professional contact with the applicant to assert that the applicant meets the membership criteria. (Faxed signatures are acceptable but should be attached to this application form.)

| | |
|--------------------|--------------------|
| Printed Name _____ | Printed Name _____ |
| Signature _____ | Signature _____ |
| Years known _____ | Years known _____ |

I wish to become a member of the Estate Planning Council of Diablo Valley, and have attended at least one meeting within the last three meetings: (date of meeting) _____

I have responded to the questions on the second page of this application, and I have provided you with a description of how I am clearly engaged in estate planning.

Enclosed is my check or credit card authorization form, payable to "Estate Planning Council of Diablo Valley" for the sum of \$25, which represents a onetime initiation fee. Upon acceptance, I understand that I will be billed for the annual dues of \$135 (regular member) or \$160 (member at large). Applications received after November 1st will be prorated as follows on page 2

Date: _____ Signature: _____



| Application Month | Regular Member | Member at Large |
|-------------------|----------------|-----------------|
| JULY- OCTOBER | \$135.00 | \$160.00 |
| NOVEMBER | \$125.00 | \$150.00 |
| DECEMBER | \$115.00 | \$140.00 |
| JANUARY | \$105.00 | \$130.00 |
| | | |

| Application Month | Regular Member | Member at Large |
|-------------------|----------------|-----------------|
| FEBRUARY | \$95.00 | \$120.00 |
| MARCH | \$85.00 | \$110.00 |
| APRIL | \$75.00 | \$100.00 |
| MAY | \$65.00 | \$90.00 |
| JUNE | \$55.00 | \$80.00 |

INFORMATION DEMONSTRATING YOUR QUALIFICATIONS FOR MEMBERSHIP

YEARS OF EXPERIENCE: _____

PROFESSIONAL DESIGNATIONS: Please indicate all designations eg. CFA, Registered Investment Advisor, Enrolled Agent etc, below: _____

STATEMENT: An applicant must demonstrate, to the satisfaction of the Board, that the applicant’s business activities are devoted to estate planning. Therefore, please provide a statement describing your experience and professional activities, both past and present. In particular, your statement should explain how your experience and/or professional activities demonstrate that you are **“clearly engaged in estate planning activities.”**

Date: _____ Signature: _____