



About Western New York Estate Planning Council

Founded in 1947, the Western New York Estate Planning Council boasts a membership of professionals working in the WNY area, that specialize in legal, accounting, insurance, investment, trust, and valuation professions. The Council is committed to expanding estate planning knowledge and expertise, growing professional contacts and relationships, and, ultimately, enhancing the community by facilitating superior client service.

The Western New York Planning Council is a member of the National Association of Estate Planners & Councils (NAEPC), a national organization of professional estate planners and affiliated local estate planning councils focused on establishing and monitoring the highest professional and educational standards.

Upon receipt and review of a fully completed application, the Elections Committee shall deliberate and if appropriate, submit the applicant's name for approval by a membership vote.

Please submit your completed application to admin@wnyepc.com. Contact the current Membership Officer at _____ with questions concerning the application.

PERSONAL INFORMATION

Full Name: _____

Work Phone (Direct Dial): _____

Cell Phone: _____

Work Email: _____

Home Email: _____

EMPLOYER INFORMATION

Employer Name: _____ Website: _____

Address: _____

Membership Classification: Check one of the boxes below for your membership classification:

- | | |
|---|---|
| <input type="checkbox"/> Licensed Attorney | <input type="checkbox"/> Trust Officer or Certified Financial Planner (CFP) |
| <input type="checkbox"/> Certified Public Accountant (CPA) | <input type="checkbox"/> Not-for-Profit Development Officer and/or |
| <input type="checkbox"/> CLU/ChFC with connection to the insurance industry | other (please describe) |

Are you presently under investigation by any professional disciplinary board or governing body or have you previously been found in violation of professional standards by the respective professional disciplinary board or governing body? If yes, please attach a letter of explanation to your application.

Yes No Initial: _____

APPLICANT QUESTIONNAIRE

How were you introduced to the WNYEPC? Have you attended any of our meetings/programs?

Please provide number of years devoted to area of specialty (your membership category) and percentage of time specifically devoted to estate planning and estate administration.

Please provide a list of current professional designations and certifications.

Please provide a list of membership in any Professional Organizations and Position(s) held, if any.

Please list any articles authored; any class, seminar or panel instruction, etc. that would be relevant to our consideration of your application. You may attach any supplementary materials.

If you have a current resume or summary curriculum vitae, please attach it to this application.

By signing this application, I agree that as a member I am expected to participate actively and that I am able to make a positive contribution to the organization.

Applicant Signature: _____

Date: _____

SPONSOR SIGNATURES

Two (2) sponsors are required for WNYEPC applicants. One of the sponsors must be an active member in the same specialty area but cannot come from the applicant's place of employment.

Sponsor #1

I, _____ (sponsor), wish to serve as sponsor in support of the application of _____ (applicant) for membership in the Western New York Estate Planning Council.

I am working in the same office as the applicant. Yes No

I practice in the same specialty area as the applicant. Yes No

Sponsor Signature: _____ **Date:** _____

Sponsor #2

I, _____ (sponsor), wish to serve as sponsor in support of the application of _____ (applicant) for membership in the Western New York Estate Planning Council.

I am working in the same office as the applicant. Yes No

I practice in the same specialty area as the applicant. Yes No

Sponsor Signature: _____ **Date:** _____