GREATER BOCA RATON ESTATE PLANNING COUNCIL

NEW MEMBERSHIP FORM

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| --- | --- | --- | --- |
| 1. | Applicant’s Name | | |
|  | Name of Firm or Institution | | |
|  | Address | | |
|  | Business Telephone | | Business Fax |
|  | E-Mail | | Web Site |
| 2. | I am:  A. □ An officer of a corporation authorized to exercise trust powers in the State of Florida.  B. □ A member of the Bar of the State of Florida. Florida Bar No.  C. □ A Certified Public Accountant licensed to practice in the State of Florida, an enrolled IRS agent, or a full-time employee of the IRS (please circle which apply). License No.  D. □ A Certified Financial Planner, Chartered Life Underwriter, Chartered Financial Consultant, Chartered Financial Analyst, Chartered Market Technician, Certified Trust and Financial Advisor, Certified Investment Management Analyst, Chartered Alternative Investment Analyst or Retirement Income Certified Professional (please circle which apply).  Certificate No.  E. □ A Certified Fund Raising Executive or full-time planned giving professional employed by or consulting with Section 501(c)(3) organization(s). Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  F. □ An individual who previously held membership in the Greater Boca Raton Estate Planning Council and is retired or not presently working. Dates of prior membership \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 3. | I have been actively engaged in estate or financial planning (as indicated above) for the preceding \_\_\_\_\_\_ years (at least three years are required) and practicing such profession in Florida for \_\_\_\_\_\_ years (at least one year is required). | | |
| 4. | To the best of my knowledge and belief the information contained herein is true and correct. I agree to abide by the decision of the Board of Directors as to the disposition of this application. | | |
| Date | Signature | |
| 5. | Recommendations of two current members are required. One of the members must be of the same membership category as the applicant and at least one of the members must be from a firm or institution other than that of the applicant. | | |
|  | Signature and Printed Name of First Sponsor: | | |
|  | Signature and Printed Name of Second Sponsor: | | |

Make your check for $300 payable to: **GREATER BOCA RATON ESTATE PLANNING COUNCIL** and mail ***with application*** to:

GBREPC

c/o Sylvia Tausk

8597 Dreamside Lane

Boca Raton, FL 33496

Applications received ***without*** payment will ***not*** be processed.