GREATER BOCA RATON ESTATE PLANNING COUNCIL

NEW ASSOCIATE 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. □ A student enrolled in a Florida college or post graduate program and pursuing a degree or career in law, accounting, estate planning or financial planning. School name and degree program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B. □ A graduate of a college or a post graduate school (In Florida or outside of Florida) who maintains Florida as my primary residence and am actively engaged in the practice of estate or financial planning. |
| 3. | I have been actively engaged in estate or financial planning (as indicated above) for the preceding \_\_\_\_\_\_ years (must be less than three years).  |
| 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. I understand that associate members do not have any rights, privileges, or prerogatives of membership, other than the right to attend meetings.  |
| 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: |

Please mail application to:

GBREPC

c/o Sylvia Tausk

8597 Dreamside Lane

Boca Raton, FL 33496.