



## **2025-2026 MEMBERSHIP APPLICATION**

Before your request for Membership will be considered,

**ALL PAGES of your application and the checklist must be COMPLETELY FILLED OUT.**

Once complete, please forward your application to the Membership Committee for review.

**Please note, incomplete applications will result in unnecessary delays in processing or rejection.**

### **CHECKLIST**

Have you:

- Completed your name and designation?
- Provided a nickname for your permanent Name Tag (if applicable)?
- Completed your contact information?
- Selected a Membership Group (one only) and certify you meet the criteria for membership?
- Signed and dated your application?
- Filled out all pages of the application completely?

### **APPLICATION APPROVAL PROCESS (for informational purposes)**

- Applicant forwards a completed and signed application to the Membership Chair.
- Membership Chair forwards completed application to Membership Committee for review and comment.
- Committee member of the same discipline as the applicant conducts a call/interview.
- Committee-approved application is presented at the next meeting of the Board of Directors for review.
- If approved, the Secretary calls the applicant to welcome the new member and sends a Welcome Letter.
- Pro-rated dues invoice and information using the website is emailed by the Website Administrator.

EPCWC received application  
 on: \_\_\_\_\_ -

Board of Directors Approved  
 on: \_\_\_\_\_

PLEASE INCLUDE MY BUSINESS INFORMATION ON THE COUNCIL'S WEBSITE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

NAME:

\_\_\_\_\_ Last First Initial Designations

PROFESSIONAL DEGREES / DESIGNATIONS HELD (check all that apply):  
 JD  CPA  CLU  ChFC  AEP  CFA  CFP  CTFA  CWS  CAP  MSFS  PFS  CTEP  
 If you wish to use a name other than your formal name, please print here \_\_\_\_\_:

HOME ADDRESS:		HOME PHONE:	
COMPANY:		CO. PHONE:	
OFFICE ADDRESS:		FAX:	
		CELL:	
		E-MAIL :	
WEBSITE:		REFERRED BY: (NAME/EMAIL)	

**MEMBERSHIP GROUP:** Please review the excerpts from the Bylaws regarding qualifications for each Membership Group (See attached). I hereby certify that I have reviewed and meet the criteria required for admission, am actively and substantially engaged in the estate planning and/or estate administration process, and seek admission to the following membership group (**Check one only**):

- 1. **Accountancy Group:** I am a **Certified Public Accountant**, my principal occupation is the practice of accountancy, with a minimum of five years' experience.
- 2. **Financial Planning Professional Group:** I hold one of the following degrees or certifications: CFP, CLU, Master of Arts or Sciences in Personal Financial Planning, MSFS, AEP, ChFC, PFS, BA or BS in financial planning from a CFP Board registered program, CTEP, CAP, CTFA and have a minimum of five years's experience, or or I am an employee of a Trust Company AND have been actively engaged in the function(s) of Trust and/or Estate Administration for the most recent five (5) years.
- 3. **Law Group:** I am an **Attorney** having been admitted to the practice of law before the highest court in \_\_\_\_\_ and have a minimum of five years' experience.
- 4. **Emerging Advisors Group:** I am qualified for a designated Membership Group but do not have a minimum of five years' experience or am working toward a certification into a designated Membership Group  
 Check the appropriate Professional Group accreditation number (1  ) (2  ) (3  )  
**Note:** A member of the Emerging Advisors Group who is working toward certification must obtain the necessary accreditation within four (4) years of becoming a member of this Group, or their membership in the Council shall lapse
- 5. **Affiliated Professionals Group:** I am a professional who works or provides services in the estate planning environment but do not fit within one of the above Membership Groups. I am not providing services that would make me eligible for membership in one of the Professional Groups or the Emerging Advisors group if I had obtained or were pursuing relevant certifications, and have a minimum of five years' experience

I hereby apply for membership in the Estate Planning Council of Westchester County, Inc. If elected to membership, I agree to abide by the By-Laws of the Council, to support its high ethical standards, and to pay the annual dues set by the Board of Directors. I affirm that I am interested in and primarily engaged in Estate Planning or related fields, meet the criteria of the Membership Group to which I am seeking admission, and that the statements made in this application are true.

Note: The Membership Committee and Board of Directors may rely on the information contained in this application without independent verification. The Board of Directors reserves the right to revoke or terminate membership in the Council if (a) the person ceases to qualify for membership, or (b) it is determined that the person significantly misrepresented his or her credentials on the membership application.

APPLICATION SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ BY: \_\_\_\_\_

APPLICANT SIGNATURE

PLEASE NOTE YOUR BIOGRAPHY AND ACCOMPLISHMENTS AS OUTLINED ON THE NEXT PAGE.

EPCWC MEMBERSHIP COMMITTEE TO COMPLETE

Print Name - Membership Committee \_\_\_\_\_ SIGNATURE - Membership Committee \_\_\_\_\_

**REQUIRED:** Complete ALL pages of this application.

Feel free to attach additional pages. Your resume cannot be used as a substitute for a completed application.

**ARE YOU A MEMBER IN GOOD STANDING OF YOUR PROFESSION LISTED UNDER MEMBERSHIP GROUP?** YES \_\_\_\_ / NO \_\_\_\_

IF NO, attach Explanation.

**EXPERIENCE:**

a. Explain how your experience relates to estate planning:

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b. Outline the experience you have had in your occupation or profession including the chronological listing of the firms/companies with whom/which you have been associated to date.

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**EDUCATION:**

List your colleges, universities, etc. with the degrees and any honors you have earned and the date of graduation.

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**MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS AND/OR ORGANIZATIONS:**

List the professional organizations to which you currently belong. Also indicate if you have served on the Board or held office(s) in these organizations.

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**SPECIAL RECOGNITION:**

List any special recognition or honors you have earned relative to your occupation/profession.

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**ORGANIZATIONS YOU HAVE ADDRESSED AND RESPECTIVE TOPICS:**

Date:	Organization:	Topic:

Please forward your **completed/signed** application and any additional pages, to the Membership Committee Chair listed below for review by the Board of Directors:

Estate Planning Council of Westchester  
Attn: Membership Committee  
333 Mamaroneck Ave. Ste 330  
White Plains, NY 10605  
Membership@epcwc.org

**BE SURE TO COMPLETE THE CHECKLIST ON THE FIRST PAGE BEFORE SUBMITTING YOUR APPLICATION AND REVIEW (AND CERTIFY TO) THE CRITERIA FOR ADMISSION TO EACH GROUP ATTACHED HERETO.**

**Sec. 2.01**      **Groups of Members**

The Corporation's membership shall be divided into five (5) Groups, called the "Accountancy Group," the "Financial Planning Professional Group," the "Law Group," the "Emerging Advisors Group," and the "Affiliated Professionals Group." The Financial Planning Professional Group, the Law Group and the Accounting group are collectively referred to as the "Professional Groups."

**Sec. 2.02**      **Qualifications for Admission to Membership**

**a. Principal Qualifications**

The Board shall conclusively determine each applicant's qualifications for membership in the Corporation. The principal qualifications for admission to membership are experience, background, interest and current involvement in estate planning.

**b. Additional Qualifications**

Each applicant for membership must meet the following additional qualifications for admission to a Group:

(i)      **Accountancy Group**

An applicant for admission to the Accountancy Group must be a Certified Public Accountant (CPA) and:

- a. have a minimum of five years' experience; and
- b. be substantially engaged in the estate planning process; and
- c. have a principal occupation in the practice of accountancy or be employed by a law firm, insurance company, bank or trust company, or a company engaged in estate and financial planning.

(ii)      **Financial Planning Professional Group**

An applicant for admission to the Financial Planning Professional Group must:

- a. Hold one of the following degrees or certifications:
  - i. Certified Financial Planner ("CFP")
  - ii. Chartered Life Underwriter ("CLU")
  - iii. Master of Arts or Sciences in Personal Financial Planning
  - iv. Master of Science in Financial Services ("MSFS")
  - v. Accredited Estate Planner ("AEP")
  - vi. Chartered Financial Consultant ("ChFC")
  - vii. Personal Financial Specialist ("PFS")
  - viii. Bachelor of Arts or Science in financial planning from a CFP Board registered program
  - ix. Chartered Trust and Estate Planners ("CTEP")
  - x. Chartered Advisor in Philanthropy ("CAP")
  - xi. Certified Trust and Financial Advisors ("CTFA")
  - xii. OR must be an employee if a Trust Company and be actively engaged in the function(s) of Trust and/or Estate Administration for the most recent five (5) years
- b. have a minimum of five years' experience; and
- c. be substantially engaged in the estate planning process.

(iii) **Law Group**

An applicant for admission to the Law Group must be admitted to practice law before the highest court in any jurisdiction and:

- a. have a minimum of five years' experience; and
- b. have a principal practice area in estate planning or administering estates or trusts; and
- c. have a principal occupation in the practice of law or be employed by an accounting firm, insurance company, bank or trust company, or a company engaged in estate and financial planning.

(iv) **Emerging Advisors Group**

a. An applicant for admission to the Emerging Advisors Group must either:

- i. be otherwise qualified for a designated Professional Group except does not have a minimum of five years' experience; or
- ii. is working toward a certification into a designated Professional Group.

b. A member of the Emerging Advisors Group who is working toward certification must obtain the necessary accreditation within four (4) years of their becoming a member of Emerging Advisors Group or their membership in the Corporation shall lapse.

(v) **Affiliated Professionals Group**

An applicant for admission to the Affiliated Professionals Group must:

- a. be a professional who works or provides services in the estate planning environment but does not fit into one of the Professional Groups or the Emerging Advisors Group; and
- b. Does not provide services that would make him/her/them eligible for membership in one of the Professional Groups or Emerging Advisors Group if he/she/they had obtained or were pursuing relevant certifications, and
- c. have a minimum of five years' experience in his or her field.