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MEMBERSHIP APPLICATION

NAME: _____

FIRM NAME: _____

ADDRESS/CITY/ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

APPLYING FOR MEMBERSHIP IN THE: _____ DISCIPLINE

Attorney CPA Certified Valuation Specialist CLU Fiduciary Financial Planner (CFP® or ChFC)

Member at Large Planned Giving Specialist Associate Member

▶ REVIEW ATTACHED DOCUMENT detailing the qualifications of membership. Choose the discipline that best describes your area of expertise.

▶ ESTATE PLANNING EXPERIENCE ; include your professional bio and detail your Estate Planning practice, experience and significant contributions to Estate Planning on a **separate page**.

▶ ALL APPLICATIONS MUST INCLUDE THIS FORM, your professional bio and estate planning experience, check for \$400, and two member sponsor signatures.

1. I have been actively engaged in Estate Planning for _____ years (minimum 5 years).

2. I presently devote approximately _____% of my time to Estate Planning.

3. I maintain my place of business or reside in Orange County: (Yes) _____ (No) _____.

4. I am actively engaged in my stated profession, and am a member in good standing of the:

(a) _____ California State Bar Association

(b) _____ Orange County Bar Association

(c) _____ American Institute of CPA (California Licensed)

(d) _____ Society of Financial Services Professionals (CLU/ChFC)

(e) _____ Financial Planning Association (CFP®)

(f) _____ I am a _____ of _____

Name of Bank / Trust Company

(g) _____ Other Professional Associations (list below)

Please attach your check, made payable to the ORANGE COUNTY ESTATE PLANNING COUNCIL, in the amount of \$400.00 (\$350.00 membership dues + \$50 new member administrative fee). Your check will be returned if your application is not approved. OR to pay with a credit card, complete the information on the back side. Credit cards will not be processed until membership is approved.

I HEREBY APPLY FOR MEMBERSHIP IN THE ORANGE COUNTY ESTATE PLANNING COUNCIL AND AGREE TO ABIDE BY ITS RULES AND BY-LAWS.

APPLICANT SIGNATURE: _____ DATE: _____

SPONSOR SIGNATURES: A SPONSOR MUST BE A CURRENT OCEPC MEMBER IN GOOD STANDING. ONE SPONSOR MUST BE OF THE SAME PROFESSIONAL DISCIPLINE AS THE APPLICANT, THE SECOND FROM ANOTHER DISCIPLINE WITH THE COUNCIL MEMBERSHIP.

RECOMMENDED BY:

(Within discipline) _____

(Signature)

(Print Name)

(Outside discipline) _____

(Signature)

(Print Name)

Make all checks payable to OCEPC

OR, if you prefer to pay with a credit card, please complete and fax/email back to the Council office.

Charge my credit card: American Express MasterCard Visa

Credit Card No: _____ Security Code: _____

Signature: _____ Expiration Date: _____

Name: _____

Company Name: _____ Telephone: _____

Email: _____

Billing Address, City, Zip _____

Contact the Council Office with any questions: (866) 921-6440 x4.