



# ESTATE PLANNING COUNCIL OF SAN DIEGO

## MEMBERSHIP APPLICATION PROCEDURES

Criteria for all applicants are as follows:

- Bachelor's degree from an accredited four-year college or university; or equivalent work experience;
- At least five (5) years of estate planning experience within the category you are applying (FOR ACTIVE MEMBERS ONLY; or equivalent work experience; OR • Less than (5) years of estate planning experience within the category you are applying (FOR ASSOCIATE MEMBERS ONLY); or equivalent work experience • and, Completion of Application:

The three page application must be completed and submitted to the address below. As part of the application process, each applicant must be referred by a minimum of **two** current Council members who are personally acquainted with the applicant and are knowledgeable about the applicant's work, skills and experience. One of the recommenders must be from the same membership category as the applicant. The other cannot be from the same category. Applicants are responsible for sending the "Applicant Referral" forms to each recommender with instructions to have it submitted to the EPCSD office directly (not to the applicant). Applicants are also responsible for all follow up with the recommenders to assure that the Referral forms are completed and submitted to the EPCSD office in a timely manner.

### **Review and Approval Process:**

Upon receipt of completed application and two recommendations, the Executive Board will review the candidate's submission. A decision to accept or decline the application will be made at this time. Applicants who are declined will receive written notification. Approved applicants will be listed on the next general meeting information sheet. Any member having an objection to the applicant's membership is instructed to contact an Executive Board member to confidentially discuss their concerns. If no objections are made, the proposed member will be approved for membership, subject to category limitation, at the next general meeting.

Once approved, the member will be sent a written notification and a formal offer to join the EPCSD. Upon receipt of written confirmation of acceptance, the Administrator will send a Membership packet which includes the current Member Roster, meeting dates for the year, and a copy of the EPCSD Bylaws. The new member will immediately be added to the Roster and mailing lists to receive all future meeting and event announcements. This information can be mailed, faxed or sent via email, at the preference of the member.



# ESTATE PLANNING COUNCIL OF SAN DIEGO

## APPLICATION FOR MEMBERSHIP

This application for membership in the Estate Planning Council of San Diego will be given careful consideration by the Membership Committee. The candidate should be thorough and complete in answering the questions and demonstrating his or her qualifications and experience in the estate planning field.

CANDIDATE: Please be sure you have met the following general requirements for membership prior to submitting your application for consideration:

- Bachelor's degree from an accredited four-year college or university; or equivalent work experience;
- At least five (5) years of estate planning experience within the category you are applying; or
- Equivalent work experience; and,

### 1. TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING

- Active Member (greater than 5 years' experience)
- Associate member (less than 5 years' experience)

### 2. MEMBERSHIP CATEGORY FOR WHICH YOU ARE APPLYING (Circle one):

Attorney Insurance Agent/Broker Security Broker/Investment Counselor Trust Officer  
CPA Planned Giving Related Professional

2b. Name: \_\_\_\_\_  
 Title/Position: \_\_\_\_\_  
 Name of Employer/Firm: \_\_\_\_\_  
 Date of Employment: \_\_\_\_\_  
 Nature of Work: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Telephone: Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Company Website: \_\_\_\_\_

### 3. OTHER POSITIONS HELD DURING PAST TEN YEARS:

Name of Employer: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Nature of Work: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_



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Position: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

#### 4. EDUCATIONAL BACKGROUND:

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_

Post Graduate: \_\_\_\_\_ Degree: \_\_\_\_\_ Yr. Graduated: \_\_\_\_\_

**5. LICENSES**, Certifications, Registrations, Designation: (JD, CPA, CLU, ChFc, ChFA, CFP, RIA, CTFA, AEP, etc.)

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**6. PROFESSIONAL ASSOCIATIONS** (Honors, Club Memberships, Fraternities, Publications, Community Activities, etc):

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**7. STATE YOUR EXPERIENCE IN THE ESTATE PLANNING FIELD AND INDICATE WHY YOU FEEL THIS EXPERIENCE QUALIFIES YOU FOR MEMBERSHIP IN THIS ORGANIZATION:**

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**8. HAVE YOU EVER BEEN CONVICTED OF A CRIME?** (If yes, please attach an explanation.)

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**9. HAVE ANY CLAIMS EVER BEEN MADE AGAINST YOU (whether or not resulting in suit) FOR FRAUD, MISREPRESENTATION OR OTHER MISCONDUCT IN YOUR PROFESSIONAL CAPACITY?** (If so, please attach an explanation.)

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## REFERRALS

The bylaws provide that each applicant must be referred by a minimum of two current Council members who are personally acquainted with the applicant. One of the recommenders must be from the same membership category as the applicant. Both cannot be from the same category. The recommenders will be sent a confidential questionnaire to verify the applicant's suitability for membership. The applicant holds the recommender and the Estate Planning Council harmless from the result of the recommender's responses.

### **NAME & CATEGORY**

1. \_\_\_\_\_

2. \_\_\_\_\_

The undersigned hereby applies for membership in the Estate Planning Council of San Diego and hereby submits the foregoing information in support of this application.

\_\_\_\_\_  
Signature of Applicant Date

Use the below Applicant Referral forms to send to each of the recommenders you have listed above. Upon completion, those forms should be submitted to the email address listed at the bottom of each page.



# ESTATE PLANNING COUNCIL OF SAN DIEGO

## APPLICANT REFERRAL

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Your name has been given as a reference source by the following proposed applicant for membership in the Estate Planning Council of San Diego. To help us maintain the highest quality of membership possible, we would appreciate your frank evaluation of this individual's qualifications for active participation in the Council. Your reply will be kept confidential.

**APPLICANT:** \_\_\_\_\_

**MEMBERSHIP CATEGORY:** \_\_\_\_\_

1. What is the applicant's knowledge of Estate Planning subjects?

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2. What is the applicant's business and ethical reputation?

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3. Under what circumstances and for how long have you observed the competence of the applicant as it relates to the Estate Planning subject areas?

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4. Could you, on an unqualified basis, recommend this individual for membership in the Council?

Yes

No

Comments:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form as soon as possible to: Estate Planning Council of San Diego  
Email: [lorin.epcsd@gmail.com](mailto:lorin.epcsd@gmail.com)**



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**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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Yes

No

Comments:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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