



Attached please find a membership application to the Estate Planning & Trust Council of Long Beach (EP&TCLB).

EP&TCLB was organized for the purpose of promoting cooperation and sharing of knowledge among attorneys, CPA's, financial planners, trust officers, and insurance advisors who are active in the field of estate planning or trusts. Membership is also open to other financial services professionals who take an active role in estate planning on behalf of their clients. All members are required to have at least five years experience in their profession. (You may qualify for an Associate Membership if you have less than five years experience, please be sure to check the appropriate area on the membership application.)

Regular luncheon meetings are held on the third Thursday of each month (September through June of each year) at the Petroleum Club in Long Beach (Buffet Lunch is from 12:00 – 12:30; the meeting runs from 12:30 – 1:30pm). Each meeting features a well-known speaker on current issues in estate planning and trusts. We offer continuing education credits for many of the various disciplines. **Guest fee is \$35.00 (includes the meal and any speaker handouts).**

Membership dues are \$240 per year (plus a one-time \$50 new member initiation fee), and include lunch (fiscal year is July - June). Memberships are for individuals only and are not transferable. All applications received by the 5th of each month (with the \$290.00 fee made payable to Estate Planning & Trust Council of Long Beach or EP&TCLB) will be reviewed by the Board of Directors at the monthly meeting.

For further information about membership, or if you have questions about the attached form, please contact Peggy Holloway, Association Administrator, at eptclb@ca.rr.com.

2011-2012 Board of Directors

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Karin Finnegan (Membership Co-Chair)

Tom Martin (Membership Co-Chair)

Jennifer Sawday (Membership Co-Chair)

Please visit our website for a list of our current members, as well as upcoming speakers:

<http://www.eptclb.org>

**PROPOSAL FOR MEMBERSHIP TO THE
ESTATE PLANNING & TRUST COUNCIL OF LONG BEACH**

Please complete and return this application, along with a check for \$290.00 (Membership dues of \$240 plus a one-time \$50 new member initiation fee), and a current resume, to the address below. An advanced copy of the application and resume can be faxed, while simultaneously mailing the originals and accompanying payment. **Applications with accompanying payment, received by the 5th of each month, will be reviewed at the monthly Board meeting on the 3rd Thursday.**

PLEASE PRINT.

I. _____
Your Name Organization

Address City, Zip Phone Fax

II. Residence Address & Phone Number (optional)

III. Company Affiliation (present). State whether trust officer, agent, attorney, CPA, CLU, ChFC, CFP, other

IV. Business Experience (present). Pertaining to Law, Estate Planning, Trusts, Underwriting and Taxation. Give dates if possible. Proposed member must have five years experience in their field (if you do not have five years experience, please indicate that you wish to be considered for an Associate Membership by circling YES in this question).

Associate Member: YES

V. Business Experience (past). Give dates if possible.

VI. Educational background (include courses pertaining to your business).

The information contained in this application is true and accurate to the best of my knowledge.

Applicant's Signature Date Email Address

If additional space is required, please use a separate sheet of paper and refer to the appropriate question number.

----- **SPONSOR TO COMPLETE THE FOLLOWING SECTION** -----

To your knowledge, Proposed Applicant has abilities in:

- | | |
|----------------------------|--|
| A. Attorney _____ | E. Non Profit _____ |
| B. CPA _____ | F. Trust Dept. _____ |
| C. Financial Advisor _____ | G. Other (Estate Planning Related) _____ |
| D. Insurance Advisor _____ | H. Associate (less than 5 years Estate Experience) _____ |

Sponsored by: _____

Member Signature
 Member's Printed Name Date

**TO BE COMPLETED BY BOARD OF
DIRECTORS/STAFF:**

Date Application Approved: _____

Sponsor Assigned (if applicable): _____