

Estate Planning & Trust Council of Long Beach Membership Application



The Council was organized for the purpose of promoting cooperation and sharing of knowledge among attorneys, CPA's, financial planners, trust officers, private professional fiduciaries, planned giving professionals, and insurance advisors who are active in the field of estate planning or trusts. Membership open to other professionals who take an active role in estate planning or related subjects on behalf of their clients. All regular and corporate members are required to have at least five years of experience in their profession. (You may qualify for an Associate Membership if you have less than five years of experience.) Most of our meetings qualify for MCLE and CFP Board Continuing Education credits. The guest fee for non members is \$60.00 and includes the meal and any speaker handouts.

Regular luncheon meetings are held on the **first Thursday of each month**, September through June (Dark in January, June is offsite) at The Grand in Long Beach (Buffet Lunch is from 12:00 – 12:30; the program runs from 12:30 – 1:30pm). Each meeting features a speaker on current issues in estate planning and trusts.

Regular and Associate Membership dues are \$400 per year plus a one-time \$50 new member application fee and includes lunches. These memberships are for individuals only and are not transferable.

Corporate Membership dues are \$650 per year plus a one-time \$50 new member application fee and includes lunch for 2 people at each meeting. These memberships are transferable and allows for a guest fee discount. See the website for full benefits and considerations.

All applications received will be reviewed by the Board of Directors at the monthly meeting for approval. For further information about membership, or if you have questions about the attached form, contact our Administrative Director, Mary Sramek, at admin@eptclb.org.

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

Please complete and return this application. You will be invoiced after being approved by the Board of Directors.

I would like to be considered for the following membership: ☐ Regular Member ☐ Corporate Member ☐ Associate Member

How did you hear about us? _____

PLEASE PRINT

I. _____
Your Name Organization

Address City, Zip

Email Address Phone Fax

II. Discipline – Please check all that apply.
☐ CPA ☐ CLU ☐ ChFC ☐ CFP ☐ CLPF ☐ Trust Officer ☐ Attorney ☐ Realtor(see supplemental) ☐ Other
We strive to ensure our members are in good standing within their profession.

Applicable professional licensing number(s) _____

III. Business Experience - *Pertaining to Law, Estate Planning, Trusts, Probate, Underwriting and Taxation.* Give dates if possible. Proposed member must have five years of experience in matters pertaining to Estate Planning (if you do not have five years experience, please indicate that you wish to be considered for an Associate Membership).

IV. Educational background.

V. Identify a current EPTCLB member to sponsor you.

SPONSOR Name: _____ SPONSOR Signature: _____

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

Applicant's Signature

Date