

**STUDENT MEMBERSHIP APPLICATION**

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| **Name of Applicant:** | | | |  | | | | | | | |
| **College or University Name:** | | | |  | | | | | | | |
| **Years of Coursework Completed:** | | | |  | | | | | | | |
| **Name of Employer:** | | | |  | | | | | | | |
| **Title/Position:** | | |  | | | | | | | | |
| **Mailing Address:** | | |  | | | | | | | | |
| **City:** | |  | | | | | **State:** |  | **Zip:** | |  |
| **Phone:** |  | | | | **EMAIL:** |  | | | |

**Professional Degrees/Designations Held (check all that apply):**

**Atty  CPA  CLU®  ChFC®  AEP®  CFA  CFP®  CTFA  CAP®  MSFS**

**Other: Please List** Click here to enter text.

**STUDENT MEMBERSHIP CRITERIA**

Student Members must be enrolled full-time in law school or graduate school.

Applicants for Student Membership must be able to prove their full-time student status with transcripts or a letter from the school.

Student Members will be provided with discounted rates to Cincinnati Estate Planning Council Events and the ability to serve on Cincinnati EPC committees. Student Members will not be able to be listed in the online public Services Directory or serve on the Board of Directors until they become a full Member.

**Please Check All That Apply**

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| --- | --- | --- | --- |
|  | I have reviewed the Student Membership criteria printed above. | | |
|  | | | |
|  | I am currently enrolled full-time in law school or graduate program. | | |
|  | | | |
|  | I have included a copy of my transcripts or a letter from the school verifying active student status. | | |
|  | | | |
|  | | | |
| I believe that I meet the qualifications for an Student Membership. | | | |
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| **Date:** |  | **Applicant**: |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2023-2024 CEPC STUDENT MEMBERSHIP DUES: | | | | | | | **$25.00** | | |
| **Payment Method** | | | | | | |  | | |
|  | | | | | | |  | | |
|  | | | | | | | Amount Enclosed | | |
| Check #: | |  | (Payable to Cincinnati Estate Planning Council) | | | | $ |  |  |
|  | | | | | | |
|  | | | | | | |  | | |
|  | | | | | | |  | | |
| Charge my: Visa MasterCard American Express Discover | | | | | | | Amount to Charge | | |
| Name on Card |  | | | Exp. |  |  | $ |  |  |
| Card #: |  | | | SEC: |  |  |  |  |  |
|  | | | | | | |  | | |

RETURN APPLICATION: BY FAX: 513-563-9743 or EMAIL: cincycouncil@gmail.com  
 MAIL TO: CEPC, 4010 Executive Park Dr., #100, Cincinnati, OH 45241

Questions, please call 513-554-3074