

**AFFILIATE MEMBERSHIP APPLICATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **NAME OF APPLICANT:** | | | | |  | | | | | | | |
| **DESIGNATION(S):** | | | |  | | | | | | | | |
| **NAME OF EMPLOYER:** | | | |  | | | | | | | | |
| **TITLE/POSITION:** | | |  | | | | | | | | | |
| **ADDRESS:** | | |  | | | | | | | | | |
| **CITY:** | |  | | | | | | **STATE:** |  | **ZIP:** | |  |
| **PHONE:** |  | | | | | **EMAIL:** |  | | | |
| **Website** |  | | | | |

**Designation (Choose ONE): Att.,  CPA, LIN, Trust Professional, Financial Planner, Other**

**AFFILIATE MEMBERSHIP CRITERIA**

Affiliate Members must be in one of the following professional fields:

1. Officers of trust companies or banks maintaining trust departments which are actively engaged in trust or estate operations and administration;

2. Chartered Life Underwriters;

3. Attorneys;

4. Certified Public Accountants;

5. Financial Planners with a CFP® or ChFC® designation;

6. Other Professionals engaged in a field of estate planning that the Board finds appropriate for inclusion in the Council.

Applicants for Affiliate Membership must have current involvement in one of the six enumerated categories and must have experience in one or more qualifying categories aggregating less than five years. Additionally, each applicant must provide a reference, preferably a current member of CEPC.

Affiliate Members will be provided with discounted rates to Cincinnati Estate Planning Council Events and the ability to serve on Cincinnati EPC committees. Affiliate 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 Affiliate Membership criteria printed above. | | |
|  | | | |
|  | I have significant current involvement in one or more of the five enumerated categories aggregating less than five years. Please describe | | |
|  | | | |
|  | I have significant current involvement and prior experience which includes in whole or in part category 6 aggregating less than five years. Please describe. | | |
|  | | | |
|  | | | |
| I believe that I meet the qualifications for an Affiliate Membership. | | | |
|  | | | |
| **Date:** |  | **Applicant**: |  |
|  | | | |
|  | | | |
| **Professional Reference** | | | |
|  | | | |
| I propose the above-named applicant has less than five years of professional experience in the estate planning field. | | | |
|  |  |  |  |
| **Date:** |  | **Sponsor:** |  |
|  |  |  | Signature |
|  |  | **Printed Name:** | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2024-2025 CEPC AFFILIATE MEMBERSHIP DUES: | | | | | | | **$112.00** | | |
| **Payment Method** | | | | | | |  | | |
|  | | | | | | |  | | |
|  | | | | | | | Amount Enclosed | | |
| Check #: | |  | (Payable to Cincinnati Estate Planning Council) | | | | $ |  |  |
|  | | | | | | |
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|  | | | | | | |  | | |
| Charge my: Visa MasterCard American Express Discover | | | | | | | Amount to Charge | | |
| Name on Card |  | | | Exp. |  |  | $ |  |  |
| Card #: |  | | | SEC: |  |  |  |  |  |
|  | | | | | | |  | | |

RETURN APPLICATION: BY EMAIL: administration@cincinnatiestateplanningcouncil.com  
 MAIL TO: CEPC, 4010 Executive Park Dr., #100, Cincinnati, OH 45241

Questions, please call 513-554-3074