



**ESTATE PLANNING COUNCIL OF FREDERICK COUNTY, MARYLAND
MEMBERSHIP APPLICATION**

Applicant Name: _____

Firm/Company: _____

Office Address: _____

Office Telephone: _____ Email: _____

I hereby apply for membership in the Estate Planning Council of Frederick County, MD. I have been actively engaged in estate planning for ___ years, and am eligible to join the Council as a member of the following discipline:

_____ TRUST OFFICER: I am employed in the trust/fiduciary services department of the above-named institution.

_____ CHARTERED LIFE UNDERWRITER: I received my CLU designation in the State of _____ on _____.

_____ ATTORNEY: I was admitted to practice before the Court of Appeals of Maryland on _____ and am actively engaged in estate planning.

_____ CERTIFIED PUBLIC ACCOUNTANT: I was licensed to practice as a CPA by the State of _____ on _____, am currently licensed in Maryland, and am actively engaged in estate planning.

_____ QUALIFIED FINANCIAL ADVISOR: I understand that Qualified Financial Advisor members shall at all times during their active membership be actively engaged in advising clients on estate planning matters. I currently advise clients on estate planning matters and I am:

(1) a licensed insurance agent in the State of Maryland who is a member in good standing of the National Association of Insurance and Financial Advisors; or

(2) a financial planner in the State of Maryland who is certified as a Chartered Financial Consultant or Certified Financial Planner®, in good standing with the organization accrediting such designation, if any; or

(3) another qualified financial professional that is actively practicing estate planning in the State of Maryland and has practiced estate planning for a minimum of five (5) years (a person qualifying under this provision will be required to obtain a third professional recommendation and complete page 3 of the membership application).

_____ I am applying for membership as a Non-Voting, Non-Elective Associate Member of the discipline indicated above.

MEMBERSHIP SPONSORS: All applicants for membership shall be sponsored by two (2) active Voting Council members, one of whom is a member of the same discipline as the applicant, and one of whom is a member of a discipline different from the applicant's. This requirement that one of the sponsors be from the same discipline shall not apply to Qualified Financial Advisors until such time as there are 5 Qualified Financial Advisors who are members of the Council. A Qualified Financial Advisor cannot be sponsored by a member of his or her own firm.

SPONSOR #1: I hereby sponsor the above named applicant for membership

Printed Name: _____

Firm Name: _____

Signature: _____

SPONSOR #2: I hereby sponsor the above named applicant for membership

Printed Name: _____

Firm Name: _____

Signature: _____

The mission of the Estate Planning Council as set forth in its Articles of Association is:

1. To foster intelligent cooperation and a cordial understanding among the members as to the proper relationship between the functions of the attorney, certified public accountant, chartered life underwriter, trust representative and financial advisor in the field of estate planning.
2. To assist its members in keeping abreast of the laws and conditions affecting business and personal taxation and the problems of estate accumulation and conservation so as to improve the knowledge of each member within his or her sphere; and with these objectives.
3. To encourage its members to have as their ultimate goal the rendering of the best professional services to the public.

I hereby acknowledge that I have read and understood the Articles of Association of the Estate Planning Council of Frederick County, Maryland, including Article XIV, which specifically prohibits the solicitation of business from Council Members by other Council Members, and that I agree to abide by the provisions thereof. I further understand and acknowledge that failure to abide by the Articles generally and the prohibition against such solicitation in particular is cause for termination of my membership in the Council.

Applicant: _____ Date: _____
Signature

QUALIFIED FINANCIAL ADVISOR – Category 3 Applicant

SPONSOR #3: I hereby sponsor the above named applicant for membership

Printed Name: _____
Firm Name: _____
Signature: _____

Please list the following:

Professional Licenses and Certifications Obtained: _____

List of Professional Associations: _____

Current Job Position and Title: _____

Number of Years Involved in Providing Estate Planning Services (5 years minimum required): _____ Years

Please provide a brief explanation of how your professional services relate to estate planning:

(Please attach additional sheet as necessary).

Applicant: _____ Date: _____
Signature