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P.O. Box 7366 • Little Rock, AR 72217

Email: EPCArkansas@gmail.com

**APPLICATION FOR MEMBERSHIP**

1. **NAME AND ADDRESSES:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please check your primary professional discipline. If more than one, please rank them by time spent in each discipline.**

Attorney

Accountant (CPA)

Certified Financial Planner (CFP)

Trust Professionals

Philanthropic Professionals

Insurance Professionals

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Briefly detail your educational background, including dates of graduation and degrees awarded, and all professional designations achieved.**
2. **Briefly detail your professional background, years of experience, percentage of time you work in the area of estate planning in your profession, and your experience as related to the estate planning field in general, and your membership category eligibility in particular.**
3. **Current membership in other organizations:**
4. Arkansas Bar Association
5. Arkansas Society of CPAs
6. NAIFA
7. FINESCA

CTFA / American Bankers Association

CFRE

Arkansas Charitable Gift Planners

OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6.** **Would you be willing to participate in council committees**

Yes No

**7. Would you be willing to be a speaker or presenter?**

Yes No

**8. Have you practiced in the high-net-worth planning space for at least 3 years? If so, please explain.**

**9. General Comments/Considerations:**

***I have regular and active involvement in estate planning and hereby submit my application as qualified for membership in the category designated above.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Date Applicant’s Name (pls print) Applicant’s Signature

**10. Sponsor Certificates:**

**The undersigned sponsor of the applicant hereby certifies that I am familiar with the individual applicant and the applicant’s practice, and I am a member in good standing of the Council. I sponsor the applicant as qualified for membership in the category designated above.** *(At least one sponsor must be a member of the category in which the applicant is applying. If both sponsors are from the same category as the applicant, one must be from a different firm than the applicant’s.)*

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Sponsor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR USE BY MEMBERSHIP COMMITTEE:**

Category Open: \_\_\_\_\_\_\_ Sponsors Correct: \_\_\_\_\_\_ Member in Good Standing:\_\_\_\_\_\_\_

Date Admitted: \_\_\_\_\_\_\_\_ Acceptance Ltr Sent: \_\_\_\_\_\_\_\_\_\_ Member Dues Pd: \_\_\_\_\_\_\_\_\_