



ESSEX COUNTY ESTATE PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP

\_\_\_\_\_, 20\_\_\_\_\_

To the Board of Directors:

I hereby make application for membership in the Essex County Estate Planning Council, Inc. (the “Council”) and by submitting this application and paying the Annual Dues agree, if elected, to conform to the provisions of the Bylaws and applicable rules of the Council. My information is as follows:

Name	Firm or Association, if any
Title	Telephone Number
Mailing Address	Email Address

QUALIFICATIONS

1. What is your profession? (Check **One** and supply appropriate date.)

Attorney-at-law	_____	Date of Admission to the Bar	_____
Certified Public Accountant	_____	Date of Certificate	_____
Life Insurance Representative	_____	Date Entered Business	_____
Trust Representative	_____	Date Entered Business	_____
Accredited Financial Planner	_____	Date Entered Business	_____
Affiliated Professional	_____	Date Entered Business	_____
(Describe in an attachment)			

2. Are you currently engaged full-time in the capacity checked above? \_\_\_\_\_

3. Have you been working full-time in that capacity for at least 3 years? \_\_\_\_\_
4. What percentage of your professional work is devoted to estate, business or tax planning? \_\_\_\_\_
5. Have you ever been subject to any disciplinary action by a regulatory agency in your profession? \_\_\_\_\_  
(If yes, please describe in an attachment.)
6. Please attach a brief description/resume of your professional or business experience.

Member Sponsor's Name: \_\_\_\_\_

Member Sponsor's Signature: \_\_\_\_\_

(If you do not have a member sponsor, please contact the Council before submitting your application.)

ANNUAL DUES of \$299 payable to Essex County Estate Planning Council should accompany this application. This annual membership dues includes all Council fees and events, unless otherwise specified.

**YOUR \$299 ANNUAL DUES CHECK AND THIS COMPLETED APPLICATION SHOULD BE SENT BY MAIL to:**

Michelle Xiarhos Curran  
Administrator  
Essex County Estate Planning Council  
P.O. Box 1598  
Newburyport, MA 01950.