**THE FINANCIAL AND ESTATE PLANNING COUNCIL**

**OF METROPOLITAN DETROIT, INC.**

33006 W. Seven Mile Road, #237, Livonia, MI 48152 (313) 530-9223

Fax: (248) 479-0350 Email: fepcmd@associationoffice.org

# MEMBERSHIP APPLICATION

NAME

HOME ADDRESS

CITY,STATE, ZIP CODE

AGE:

25-29\_\_\_\_\_\_ 30-34\_\_\_\_\_\_ 35-39\_\_\_\_\_\_ 40-44\_\_\_\_\_\_ 45-49\_\_\_\_\_\_

50-54\_\_\_\_\_\_ 55-59\_\_\_\_\_\_ 60-64\_\_\_\_\_\_ 65 or older\_\_\_\_\_\_

CATEGORY OF MEMBERSHIP (Select only one category for membership (A.-C.):

A.\_\_\_\_\_ **Full Membership:** **Must be actively engaged in the field of estate and business planning for at** **least three (3) years immediately preceding application.** Any officer of a bank or trust company, attorney, CPA, CLU, CFP®, ChFC, PFS, AEP®, CFA, CAP, CTFA, CFRE, AFP, or the holder of a masters degree in business, finance, tax or accounting who is directly involved in estate and business planning may become a Full Member of the council, subject to the recommendation of the membership committee, approval of the board of directors and full payment of dues for the fiscal year during which the person is admitted. **The application for membership must bear the recommendation/sponsorship of two Full Members, one from the primary practice area of the applicant** **and one from a different practice.** Only one recommendation in support of membership may be from a member with the same employer as that of the applicant. A Full Member shall have the privilege to vote, sponsor new members, and hold office. **Please check ALL practice areas for which you are licensed, but also CIRCLE the one practice area that you consider your primary practice area. Please also complete the credentials section for all practice areas you have checked.**

**Actively engaged in estate and/or business planning since:**

**PRACTICE AREA:** **CREDENTIALS:**

\_\_\_\_\_ CPA Date of Certificate

\_\_\_\_\_ Attorney 1. Law School

1. Date(s) of admission: state(s)

\_\_\_\_\_ Life Insurance 1. Active in the sale of life insurance since: \_\_\_\_\_\_\_\_\_\_

1. Obtained CLU/ChFC designation in year: \_\_\_\_\_\_\_\_
2. A member in good standing of the Society of Financial Service Professionals: \_\_\_\_\_\_\_

\_\_\_\_\_ Financial Planning (CFP®, ChFC, PFS, 1.Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_

, AEP®, CFA, CAP,CTFA, CFRE, AFP) 2.Date of certification:\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Officer of Bank or Trust Company

Other Qualified Member (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B.\_\_\_\_\_ **Associate Membership:** Applicants who are directly involved in estate and business planning, estate administration or are employed in professions that support estate planning and administration but do not have the required degrees and/or credentials to qualify for Full Membership may be eligible for Associate Membership in the council. Associate Membership is subject to the recommendation of the Membership Committee, approval of the Board of Directors and full payment of dues for the fiscal year during which the person is admitted. **The application for membership must bear the recommendation/sponsorship of two Full Members, each from separate practice areas. Only one recommendation/sponsorship in support of membership may be from a member with the same employer** **as that of the applicant**. Associate members cannot vote, sponsor new members or hold office.

C.\_\_\_\_\_ **Student Membership:**  A student enrolled in an accredited university is eligible for Student Membership upon the recommendation of the Membership Committee, approval of the Board of Directors and full payment of dues for the fiscal year during which the person is admitted. Student Members are eligible for a 50% reduction in dues for a maximum of 2 years. At the end of the second year the Student Member will be required to apply for membership as a Full or Associate Member under those defined guidelines. The application for Student Membership must include a copy of verification of University/College enrollment. **Student members do not require recommendations or sponsors**. Student members cannot vote, sponsor new members or hold office.

Name of Firm or Employer or School

Business Address

City, State, and Zip

Telephone Number: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of members of your firm who are presently members of FEPCMD (not applicable to trust department applications):

**SPONSORS: One sponsor by council member of applicant’s profession. One sponsor by council member of one of the other professions.**

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Profession Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession Print Name

**Additional Information (attach additional sheets if necessary):**

1. Educational background (degrees received):

1. Employment background (dates, places, and nature of work):

1. Summary of professional background (organizations, affiliations, designations, certifications, other, with dates):

1. Name of FEPCMD members of the other professions with whom you have worked on estate planning matters:

1. Summary (with specific dates) of participation in continuing professional education (i.e., attendance at institutes, seminars, courses, etc.):

1. Contributions made to the estate planning profession (i.e., as lecturer, instructor, panel member, author of articles, etc. Please be specific.):

**I hereby certify that the information set forth in this application is accurate. I understand that if I am elected to membership, I am assuming an obligation to attend and participate in meetings of the council.**

**I understand that the use of the membership list for any purpose is prohibited without written consent of the Board of Directors.**

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Signature Date

**ANNUAL DUES ARE CURRENTLY $150.00**

**FOR PAID MEMBERSHIP THROUGH 12-31-19**

**MEMBERSHIP APPLICATIONS RECEIVED AFTER 10-1-19 WILL RECEIVE MEMBERSHIP FOR THE BALANCE OF 2019 AND CALENDAR YEAR 2020**

**PLEASE SEND CHECK WITH YOUR APPLICATION**