

Estate Planning Council of St. Louis

Joan Hecker, Executive Director
C/o Administrative Offices
330 Wenneker Drive
St. Louis, Missouri 63124

Phone: 314.520.3564, Fax: 314.787.4283 email to yourassociation4u@gmail.com

Membership Application

Applicant's Full Name: _____
First M.I. Last

Name of Firm or Employer: _____

Business Address: _____

Telephone: _____ Fax #: _____ Email: _____

Referred by: _____ (if applicable) Date of Birth _____

1. Estate Planning Practice. Membership in the Council is limited to persons who are actively engaged in estate planning. Please confirm your estate planning experience by completing the following:

- I, the applicant, am now actively engaged in estate planning, and I have been actively engaged in estate planning since the year _____.

2. Qualification Groups. Please check (and complete) all the following that apply to your qualification for membership (you must check at least one):

I, the applicant, am:

- An Attorney licensed in the state of _____
- A Certified Public Accountant licensed in the state of _____
- A Chartered Life Underwriter (CLU)
- A Chartered Financial Consultant (ChFC)
- A Certified Financial Planner (CFP)
- A Member of the Society of Financial Service Professionals
- A person enrolled in or who has completed a course of study at a trust school
- A person who has worked in the areas of estate planning and/or trust and estate administration at a trust company or a bank operating a trust department for a minimum of 5 years in the area of trust and estate administration
- A Certified Financial Appraiser
- A Member of the Appraisal Institute
- An Accredited Member of the American Society of Appraisers

A planned giving or philanthropic professional who has worked for a minimum of five (5) years works in the area of philanthropic estate planning; or

A person who is enrolled in a course of study the successful completion of which will enable such person to be a member of one of the foregoing Qualification Groups or Certified Valuation Analyst (CVA);

3. Membership Groups. If you are approved for membership, you will be assigned to a Membership Group based on the nature of your current employer, occupation and activity as the Board deems relevant. Please note that if you are requesting to be assigned to a Membership Group that is subject to professional licensure, you are confirming that you have not been suspended or expelled by the licensing agency regulating such profession. Please indicate the Membership Group to which you request to be assigned (check only one):

- | | |
|---|--|
| <input type="checkbox"/> Legal | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Valuation | <input type="checkbox"/> Philanthropic |

4. Sponsors. The Estate Planning Council is focused on establishing the highest professional and educational standards across disciplines. Accordingly, you must obtain 3 members of the Estate Planning Council of St. Louis (in good standing) to sponsor your application. At least one of your sponsors must be in the Membership Group you are requesting, at least one of your sponsors must be in a different Membership Group, and at least one of your sponsors must be associated with a firm other than yours. The 3 sponsors must write letters of recommendation on your behalf, attesting to your exemplary professional qualifications and standards. Letters can either be sent to you and attached to your application or sent by sponsors directly to the Executive Director at the administrative offices address on the front of the application. Please provide the following information about your sponsors:

Name	Membership Group	Employer	Telephone No.	Email Address
1.				
2.				
3.				

5. Dues. Annual dues cover the fiscal year July 1st–June 30th. Dues are not pro-rated regardless of when you apply during the fiscal year. All applicants must submit a check payable to “Estate Planning Council of St. Louis” for dues as follows:

\$165 Dues

6. Statement. Please provide a sentence or two describing your estate planning philosophy (original or attributed) and ways in which you would contribute to the Estate Planning Council of St. Louis as a member.

I, the applicant, state that the information in this application is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

Please submit your completed application with dues check to the Executive Director at the above address.

Thank you for your interest in the Estate Planning Council of St. Louis,
a member of



*National Association of
Estate Planners & Councils*