

**Estate Planning Council of Lower Fairfield County, Inc.**  
**2012-2013 Membership Application**

1. Name: \_\_\_\_\_

2. Firm: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

3. Please circle all of the following which apply to you:

A. I am an officer of a trust company or a bank which maintains a trust department.

B. I am a Chartered Life Underwriter.

C. I am an attorney admitted to the bar of the State of Connecticut.

D. I am a certified public accountant or a registered public accountant.

E. I am a financial planner who has received the designation of Certified Financial Planner (CFP), Chartered Financial Consultant (ChFC), or Master of Financial Services from the American College in Bryn Mawr, Pennsylvania.

F. I am a member of an allied profession, meaning a profession whose members can conduct estate planning activities, but who do not qualify under categories A, B, C, D, or E above (describe, please).

\_\_\_\_\_

\_\_\_\_\_

4. For each of items A through F above which you circled, please describe your professional credentials, and the year each was received.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. How many years have you actively practiced estate planning (must be at least five)? \_\_\_\_\_

6. Please list your professional experiences, in chronological order:

\_\_\_\_\_

\_\_\_\_\_

7. Please list your memberships in professional organizations and associations:

\_\_\_\_\_

\_\_\_\_\_

8. Have you attended any of our meetings (*required*)? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Special Recognition (*Optional. List any special recognition or honors you have earned relative to your occupation/profession*):

---

---

10. Organizations, including topics, you have addressed (*Optional*):

Organization: \_\_\_\_\_ Topic: \_\_\_\_\_

Organization: \_\_\_\_\_ Topic: \_\_\_\_\_

Organization: \_\_\_\_\_ Topic: \_\_\_\_\_

You must have two sponsors who are members of the Estate Planning Council of Lower Fairfield County, Inc. and who are each members of a professional category listed above different from the other. Please have your sponsors complete the Sponsor Section below as well as sign and print their names. **Also, please attach a business card to this application.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Sponsor Section**

Sponsor "A" - Please provide specific details of your personal knowledge of the applicant's estate planning experience (*please type*):

---

---

---

---

Sponsor "B" - Please provide specific details of your personal knowledge of the applicant's estate planning experience (*please type*):

---

---

---

---

We, the undersigned, endorse this application and sponsor the above individual for membership in the Estate Planning Council of Lower Fairfield County, Inc.

\_\_\_\_\_  
Sponsor "A" Signature

\_\_\_\_\_  
Sponsor print name and indicate your professional category

\_\_\_\_\_  
Sponsor "B" Signature

\_\_\_\_\_  
Sponsor print name and indicate your professional category

**Please submit completed application to the Estate Planning Council's 1<sup>st</sup> Vice President, Membership:**

Carolyn Armbrust, MBA, AIBA, ASA

Principal

The Access Group, LLC

P.O. Box 286

Westport, CT 06880

Phone: 203-226-3064 - Fax: 203-286-1919 - Email: c.armbrust@accessvalue.com