

Estate Planning Council of Lower Fairfield County, Inc.
2022-2023 Membership Application

1. Name: _____ Nickname: _____

2. Firm: _____

Business Address: _____

Telephone: _____ Fax: _____

Work Email: _____ Website: _____

Residence Address: _____

Telephone: _____ Personal email: _____

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? 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 or print legibly*):

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

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 1st Vice President, Membership:

Travis L. Hood, CPA/PFS
Kahan, Steiger & Company P.C.
1100 Summer Street
P.O. Box 3227
Stamford, CT 06905-0227

Phone: (203) 327-5717 | Fax: (203) 967-9483 | Travis@kahansteiger.com