

NEW MEMBER APPLICATION

Approved by the
Board of Directors'
on this _____ day
of _____
20__.

I hereby apply for membership in the Hudson Valley Estate Planning Council and agree to abide by the By-Laws and the payment of annual dues set by the Board of Directors.

* NAME: _____
Last First Initial

Referred by (optional): _____

PERMANENT NAME TAG:

Above your full name and credentials will be your first or nickname in larger print.

If you wish to use a name other than your formal name please print here: _____

DISCIPLINE: (Check one)

- Attorney
- Certified Public Accountant – CPA
- Certified Financial Planner – CFP
- Chartered Life Underwriter – CLU
- Chartered Financial Consultant – CHFC
- Certified Trust & Financial Advisor – CTFA
- Other _____

* FIRM NAME: _____

TITLE: _____

FIRM ADDRESS:

MAILING ADDRESS, IF DIFFERENT:

PHONE: _____

Please indicate if phone number is an office or home number, and which number should be used in the directory.

FAX: _____

E-MAIL: _____

MOBILE: _____

WEBSITE: _____

** **MEMBERSHIP DUES:** \$ 100.00 per Council Year (July 1, 2016–June 30, 2017)

Please mail your check payable to Hudson Valley Estate Planning Council with this form to:

*Albert J. DeLorenzo, Jr. Treasurer
DeLorenzo Financial Planning Associates
276 Route 17K
Newburgh, NY 12550*

Signature Title Date

* Will be used in directory and Estate Planning Day materials unless otherwise specified.

** The Council will subsidize a portion of the cost of the dinners for members; guests will pay an increased charge.