

**HUDSON VALLEY
ESTATE
PLANNING
COUNCIL**

2017-2018

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:** \$ 300.00 per Council Year (July 1, 2017–June 30, 2018)
(fee includes membership dues and four dinner meetings)

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.