

**Estate Planning Council of Lower Fairfield County, Inc.**  
**2024-2025 New Membership Application**

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

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

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

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

Work Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Personal email: \_\_\_\_\_

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

\_\_\_\_\_ (1) I am an officer of a trust company or a bank which maintains a trust department.

\_\_\_\_\_ (2) I am a Chartered Life Underwriter.

\_\_\_\_\_ (3) I am an attorney admitted to the bar of the State of Connecticut.

\_\_\_\_\_ (4) I am a certified public accountant or a registered public accountant.

\_\_\_\_\_ (5) 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.

\_\_\_\_\_ (6) I am a member of an allied profession, meaning a profession whose members can conduct estate planning activities, but I do not qualify under categories (1) through (5) above (describe, please).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (7) I am applying for membership in the Emerging Advisors Group (i.e., I am not yet qualified for a designated professional category in one of the above categories but I am in the process of working toward a certification in said category).

4. For each of items (1) through (6) above which you checked, please describe your professional credentials and the year each was received OR, if you checked item (7), describe the certification/professional credentials that you are in the process of working toward.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are you actively practicing estate planning in your particular profession? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you have a either a place of business in, or reside in, Fairfield County? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

9. Have you attended any of our meetings? Yes\_\_\_\_\_ No\_\_\_\_\_

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

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11. 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.

\_\_\_\_\_  
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*):

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

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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:**

Larry Rollins, CFP®

Phone: (209) 926-2889 | [lrollins@manhattanwest.com](mailto:lrollins@manhattanwest.com)