

Established 1962

# San Fernando Valley Estate Planning Council

## Membership Application

Individual Membership

Firm Membership

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone Numbers: Office \_\_\_\_\_/Home \_\_\_\_\_/Cell \_\_\_\_\_/Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website http: \_\_\_\_\_

Professional Category:    CPA    Attorney    CLU    CFP    PFP    ChFC  
                                 CEP    Professional Fiduciary    Trust Officer    Other: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Tell us about your Estate Planning Experience: \_\_\_\_\_  
\_\_\_\_\_

What courses have you taken in Estate and/or Financial Planning? \_\_\_\_\_  
\_\_\_\_\_

What percentage of your practice is devoted to elder care/Elder Law? \_\_\_\_\_

Are you actively employed in Estate and/or Financial Planning? \_\_\_\_\_  
\_\_\_\_\_

For what reasons would you like to join this organization? \_\_\_\_\_  
\_\_\_\_\_

How did you hear of this organization? \_\_\_\_\_

Applicant: I hereby certify that the above information is correct, that I am applying to the San Fernando Valley Estate Planning Council for membership. I realize that admission to this organization is based upon acceptance by the board of directors and that no discrimination will be based upon age, sex, race, nationality, sexual orientation, disability, etc.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

For Board Use Only:    Accepted    Declined    By \_\_\_\_\_    Date \_\_\_\_\_

Submit Completed Applications to: Larry Weiner, Flans & Weiner/ l.weiner@flansweiner.com  
16200 Ventura Blvd., Suite 417, Encino, CA 91436/Tel: 818-501-4888/Fax: 818-783-7875