

CORAL GABLES - SOUTH DADE ESTATE PANNING COUNCIL

Membership Application

1. Applicant's Name _____ Telephone _____
Name of Firm _____
Mailing Address _____
E-Mail Address _____

2. I have actively engaged in the practice of my profession or vocation for _____ years.

3. I have been actively engaged in Estate Planning for _____ years.

4. I am:

- a. _____ A member of the Bar of the State of Florida.
- b. _____ A Certified Public Accountant registered in the State of Florida.
- c. _____ A Chartered Life Underwriter
- d. _____ A Chartered Financial Consultant or a Certified Financial Planner.
- e. _____ An officer of the following trust company or bank maintaining a trust
Department: _____
- f. _____ A Planned Giving Professional

Signature

Recommended by Members:

(One of the recommending parties must be of the
Same profession as the applicant)

Send to:

Marcell Hetenyi, CPA, CTRS
Scheckner & Hetenyi, P.L.
18001 Old Cutler Road, Ste. 421
Miami, FL 33157

****NOTE: A CHECK IN THE AMOUNT OF \$325.00 TO COVER PAYMENT OF ANNUAL DUES, PAYABLE TO SOUTH DADE ESTATE PLANNING COUNCIL MUST ACCOMPANY THIS APPLICATION.**