**Woodland Hills Tax & Estate Planning Council**

**Application for Membership**

**Mission Statement**

The Mission of the Woodland Hills Tax & Estate Planning Council, Inc. is to promote the highest quality estate and tax planning services - by developing and improving the capabilities of Council members.

**Application Process**

This application will be considered when:

· Signed by the Applicant and submitted with a cover letter on the applicant’s letterhead; *and*

· Signed by two sponsors who are current members of the Woodland Hills Tax & Estate Planning Council, Inc.; *and*

· ~~Submitted with a $450 check payable to “Woodland Hills Tax & Estate Planning Council, Inc.” for the first year’s dues. (Applicants who join during the course of the Council’s fiscal year will receive a prorated invoice for their dues.)~~ **This has been temporarily suspended during quarantine.**

Please submit the application, via mail, fax, or scan/email, to one of our Membership Chairpersons,

Lisa Nelsen Maureen B. Isaacson

Bank of the West Law Offices of Rosaline L. Zukerman, APC

213-972-0263 phone 310-552-7934 (Direct Line) phone

402-445-7138 fax 310-552-7999 fax

300 So. Grand Avenue, 6th Floor 1801 Century Park East, Suite 1600

Los Angeles, CA 90071 Los Angeles, CA 90067

lisa.nelsen@bankofthewest.com maureenisaacson@aol.com

Submission of a check with the application does *not* constitute acceptance as a member. The completed application will be reviewed by the Council’s Membership Chair and/or Membership Committee, who will then report to the other Directors. Upon a thorough review of the application the Board of Directors will then act upon the application.

**Application and Qualifications**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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State Bar/License/Association/Certification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phones(s) Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In addition to the other membership requirements, the Applicant must have a professional interest in estate and or tax planning and be a member in good standing of one of the following groups:

· Attorney

· Certified Public Accountant and or Enrolled Agent

· Certificated Financial Planner

· Trust Officer

· Chartered Life Underwriter

· Chartered Financial Consultant

· Special Interest Member [a director, officer, manager or its equivalent of a business or organization that performs estate related services such as (a) trust and estate administration. (b) wealth management, or (c) planned giving]

1. The membership category, which most accurately matches my area of practice, is: (*check one)*

\_\_ Attorney at Law

\_\_ Certified Public Accountant/Enrolled Agent

\_\_ Certified Financial Planner

\_\_ Trust Officer

\_\_ Chartered Life Underwriter

\_\_ Chartered Financial Consultant

\_\_ Financial Advisor

\_\_ Estate Planning Specialist

\_\_ Accredited Estate Planner

\_\_ Other *(describe*)

2. I hold at least one of the following certifications or degrees: *(circle all that apply)*

JD CPA EA CFP CTFA CLU ChFC Other\_\_\_\_\_\_\_\_\_\_\_\_\_

3. My primary business location is in the following: *(circle one)*

San Fernando Valley Los Angeles County Ventura County

4. How long have you been working in your current discipline? \_\_\_\_\_\_\_\_\_\_\_\_\_ years

5. Tell us about your estate planning experience:

a. When did you begin working in estate planning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Have you worked continuously in estate planning since that time? \_\_\_\_\_\_\_\_\_

c. If not, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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d. What percentage of your professional time is spent in estate planning?\_\_\_\_\_\_%

6. Describe your experience in the estate planning field and explain why this experience qualifies you for membership in this organization.

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7. Describe your purpose(s) for joining the Woodland Hills Tax & Estate Planning Council, Inc..

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8. Education (degree, school, year)

Undergraduate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advanced Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. In addition to your sponsors, please list any other references you would like to provide.

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10. Please provide any other information that you think would be helpful as we evaluate your application.

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**Signature & Attestation**

I hereby apply for membership in the Woodland Hills Tax & Estate Planning Council, Inc..

I attest that the information I have provided in this application (including any supporting documents and other information) is true and correct. I understand that providing false or misleading information is grounds for immediate termination of membership.

I consent to the Woodland Hills Tax & Estate Planning Council, Inc. investigating my background, including but not limited to, verifying the information I have provided in this application.

I will not use my membership in any form of advertisement or for solicitation of business. I understand that the Woodland Hills Tax & Estate Planning Council, Inc. Membership roster is confidential and restricted in its usage (with certain exceptions expressly authorized by the Board of Directors).

I understand that my continued membership will depend upon my regular attendance at official meetings (usually held monthly) of the Woodland Hills Tax & Estate Planning Council, Inc..

I recognize that the Woodland Hills Tax & Estate Planning Council, Inc. has the right to deny membership to any Applicant, without explanation.

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Applicant’s Signature Date

**SPONSORSHIP**

TO: The Board of Directors of the *Woodland Hills Tax & Estate Planning Council, Inc.*

RE: Membership Application for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Applicant’s name*)

**Name of Sponsor #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have personally known the applicant for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

The applicant [ is ] [ is not ] a member of my firm. (*circle one*)

My professional experience with the applicant in estate planning matters is described below:

(*attach more sheets if necessary*)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I am personally acquainted with this applicant. Experience leads me to believe that his/her professional expertise and ethical standards are consistent with those of the *Woodland Hills Tax & Estate Planning Council, Inc.* as set forth in the Bylaws. I believe the applicant will make a meaningful contribution to the Council. As a member in good standing of the Council, I recommend this applicant for membership.

Signature of Sponsor #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Sponsor #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have personally known the applicant for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years.

The applicant [ is ] [ is not ] a member of my firm. (*circle one*)

My professional experience with the applicant in estate planning matters is described below:

(*attach more sheets if necessary*)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am personally acquainted with this applicant. Experience leads me to believe that his/her professional expertise and ethical standards are consistent with those of the *Woodland Hills Tax & Estate Planning Council, Inc.* as set forth in the Bylaws. I believe the applicant will make a meaningful contribution to the Council. As a member in good standing of the Council, I recommend this applicant for membership.

Signature of Sponsor #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_