

Omaha Estate Planning Council Application for Membership

I _____, hereby apply for Membership in the Omaha Estate Planning Council.

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

I. Alternative Universal Membership Requirements For All New Members

____ I have substantially worked in some estate planning area for at least the previous five (5) years, the last two (2) of which have been in the Omaha, Nebraska metropolitan area, and I have attained the following degrees or certifications (*check all that apply*): ____ JD, ____ CPA, ____ LL.B., ____ LL.M. (Tax), ____ CFP®, ____ CLU®, ____ M.P.A., ____ CFA, ____ ChFC®, ____ CPWA®, ____ CAP®, ____ CSPG, ____ CTFA, ____ MSFS, ____ MST, ____ MBA., ____ PhD. (*PhD.—Indicate Area(s) of Study*) _____.

____ In lieu of the credentials listed above, I have substantially worked in some estate planning area for at least the previous ten (10) years, the last two (2) of which have been in the Omaha, Nebraska metropolitan area. (**See Article V, Section 2 of Bylaws**).

II. Professional Industry Group Membership Requirements

Certified Public Accountant Certification ____ I hereby certify that: (i) I have been actively engaged in the practice of certified public accounting in the estate planning area for at least the five (5) previous years; and (ii) I am a certified public accountant licensed by the State of Nebraska; and (iii) I am actively engaged in the practice of certified public accounting in the Omaha, Nebraska metropolitan area. (**See Article V, Section 3(a) of Bylaws**).

Attorney Certification ____ I hereby certify that: (i) I have been actively engaged in the practice of law in the estate planning area for at least the five (5) previous years; (ii) I am a practicing member of the Bar of the State of Nebraska; and (iii) I am actively engaged in the practice of law in the Omaha, Nebraska metropolitan area. (**See Article V, Section 3(b) of Bylaws**).

Trust Officer Certification ____ I hereby certify that: (i) I have been actively recognized by my employer(s) as an officer of a trust division or trust department of a bank, trust company or other institution having trust powers for at least the five (5) previous years; and (ii) I am actively engaged with bank(s) or trust company(ies) as a trust officer doing business in the Omaha, Nebraska metropolitan area. (**See Article V, Section 3(c) of Bylaws**).

Financial Planner Certification ____ I hereby certify that: (i) I have been actively engaged in the practice of financial planning in the estate planning area for at least the five (5) previous years; (ii.) I have met substantially all the educational and experience requirements to keep current and active the designations identified above; and (iii) I am actively engaged with a financial planning institution in the Omaha, Nebraska metropolitan area. (**See Article V, Section 3(d) of Bylaws**).

Philanthropic Advisor Certification ____ I hereby certify that: (i) I have represented charitable non-profit corporations, foundations or development offices for at least the five (5) previous years; (ii); I have met substantially all of the educational and experience requirements to keep current and active the designations identified above; and (iii) I am a philanthropic advisor professional who represents charitable non-profit corporations, foundations or development offices in the Omaha, Nebraska metropolitan area. (**See Article V, Section 3(e) of Bylaws**).

Life Insurance Professional Certification _____ I hereby certify that: (i) I have been actively engaged in the life insurance business in the estate planning area for at least the five (5) previous years; (ii) I have met substantially all of the educational and experience requirements to keep current and active the designations identified above; and (iii) I am actively engaged in the life insurance business in the Omaha, Nebraska metropolitan area. **(See Article V, Section 3(f) of Bylaws).**

I hereby certify that the above information and certifications by me are true and correct.

Member Applicant Signature

Print Name

III. Sponsorship and Member Recommendation

I hereby sponsor the above applicant as a member of the Omaha Estate Planning Council.

Sponsoring Member Signature

Print Name

I am a member of the Omaha Estate Planning Council and hereby recommend the above applicant for membership.

Recommending Member Signature

Print Name

Please include the following documents to support application for membership:

- Resume
- Bio
- Letter of Recommendation from Sponsoring Member
- Letter of Recommendation from Recommending Member

Membership applications are accepted throughout the year to be reviewed each spring by the Membership committee, who utilizes a set of prescribed guidelines such as, but not limited to, experience, background, education and demonstrated interest in estate planning, as well as good standing and reputation within his or her profession and community, and taking into account the current membership, needs, demographics and mission. Based on recommendations of the Membership Committee, applicants are admitted into membership by the Board of Directors.

Please submit completed Membership Application to:
Stacie Sarasio, Council Executive
PO 641461
Omaha, NE 68164
Stacie@OmahaEstate.org

Ver. – 02/01/18