

## Membership information

### About the Council

The Estate Planning Council of Simcoe County (EPCSC) is a not-for-profit organization for professionals who advise the public on different aspects of estate planning and administration. The EPCSC presents a regular program of continuing education and networking meetings for its members, who share a commitment to professional growth through education and interdisciplinary cooperation.

### Program

The EPCSC holds quarterly dinner meetings from September to June to share experiences and ideas. At each meeting we invite a keynote speaker to present on a current topic related to estate planning and administration. Your membership includes the cost of a three-course dinner at each meeting, to be held at a suitable venue. Meetings will generally be two hours in length.

Membership terms run from September 1 to August 31 of each year.

### How to Apply for Membership

**\*\*For the 2020 - 2021 membership year there will be no annual dues. New members will only be required to pay the \$100 initiation fee. Details of annual dues for the future will be determined at a later date.\*\***

1. Check page 2 of this document to ensure that you meet our membership requirements.
2. Obtain sponsorship from an existing member; if you do not know one, please contact a member of the Board for help – our contact information is attached.
3. Complete and sign the application on page 4 of this document.
4. Submit your application with a cheque made payable to Estate Planning Council of Simcoe County for \$100):

Bryan Adams  
Treasurer, Estate Planning Council of Simcoe County  
c/o BDO Canada LLP  
300 Lakeshore Drive, Suite 300  
Barrie, ON  
L4N 0B4

Your application will be reviewed by the Board. We will process it as quickly as possible and notify you of our decision by E-mail. If you are unsuccessful we will return your cheque uncashed.

## **Membership Eligibility**

1. Live or work in Simcoe County
2. Have 5 years or more of professional experience relevant to estate planning and administration
3. Supply an E-mail address that we can use to communicate with you on an ongoing basis
4. Meet one of the following sets of category-specific requirements:

<b>Category</b>	<b>Member in Good Standing of</b>	<b>Designation</b>	<b>Other Requirements</b>
Accountant	CPA Ontario	CPA (CA, CGA or CMA)	-
Financial Advisor	Advocis or CIFPs or IAFP	CFP or RFP or CFA	-
Gift Planner	CAGP	-	A full time employee of a registered Canadian charity who is actively engaged in gift planning.
Insurance Advisor	Advocis and CLU Institute	CLU	-
Lawyer	Law Society of Upper Canada	LL.B. or J.D.	Member in good standing where a significant portion of his or her practice is estate planning, estate administration or estate litigation.
Funeral Home Owner/Manager	The Board of Funeral Services	-	-
Trust Professional	-	-	A full time employee practicing estate planning and/or estate administration with a trust company, chartered bank or credit union registered in Canada or Ontario.
Designated Other	-	-	Specific qualifications, knowledge or experience which the Board considers will contribute towards the advancement and development of the objectives of the Council.
Elder Care	-	-	A full time employee/employer working within health care service. May have RECP or other appropriate designation

Ultimate discretion as to whether an applicant is admitted to membership rests with the Board of Directors, which will endeavour to keep an appropriate professional balance and may require limiting membership in each membership category. Membership will be limited to 2 members of any one company, firm or association. Once admitted, regular members will be expected to attend at least two meetings a year.

Please note all members will be required to provide proof of membership in good standing with their governing professional body or a police record check in lieu thereof.

**2019 – 2020 Board Members**

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**Estate  
Planning  
Council of  
Simcoe County**

**Application for Membership**

This form is to be printed out and completed in **BLACK INK**. Please print clearly in **BLOCK CAPITALS**

Applicant Name:

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle Initial(s)*

Business Name: \_\_\_\_\_ Title \_\_\_\_\_

Address: \_\_\_\_\_ *Street Address* \_\_\_\_\_ *Suite/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code*

Telephone:

( \_\_\_\_\_ )  
*Business*

( \_\_\_\_\_ )  
*Mobile*

( \_\_\_\_\_ )  
*Fax*

Email (mandatory):

**Membership Information**

**Category (primary focus of your practice):**

  
  

Accountant

Funeral Home Owner/Manager

Lawyer

  
  

Elder Care

Gift Planner

Trust Professional

  
  

Financial Advisor

Insurance Advisor

Designated Other

Brief Description of your Practice:

\_\_\_\_\_

Designation Held \_\_\_\_\_ Sponsoring Member \_\_\_\_\_

Attached with this application:

  

Proof of membership in good standing; or

Police record check

I confirm that I meet the membership requirements of the EPCSC and I agree to support its mission, to:

- Present a program of educational presentations for its members;
- Provide an interdisciplinary forum for members to discuss current issues in estate planning and associated topics;
- Stimulate and foster acquaintanceship and cooperative working relationships between members; and
- Promote community awareness of the benefits of proper estate planning.

As a Council Member, I give permission for my name, organization and contact information to be distributed in various media. I also give permission for any photos/videos of me that may be taken/recorded in connection with Council events to be used by the Council for publicity and information purposes.

Signature: \_\_\_\_\_ Date (dd/mm/yyyy) \_\_\_\_\_