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**MEMBERSHIP APPLICATION & AGREEMENT**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Other Offices (City, State): \_\_\_\_\_

Year Firm Founded: \_\_\_\_\_ # of Professionals: \_\_\_\_\_

Years of Experience in Your Profession: \_\_\_\_\_

Highest degree received: \_\_\_\_\_

Last college or university attended: \_\_\_\_\_

Professional Certifications/Licenses: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Primary Type of Professional Firm: (Please ✓ only one)

- |  |  |                                    |                                     |  |
|--|--|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Investment Bank | <input type="checkbox"/> Law Firm  | <input type="checkbox"/> Consulting | <input type="checkbox"/> Financial Advisor |
| <input type="checkbox"/> Business Broker | <input type="checkbox"/> Lender          | <input type="checkbox"/> Insurance | <input type="checkbox"/> CPA/Tax    | <input type="checkbox"/> Other             |

Please describe your firm and the professional services you provide to business owners.

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How many business owners do you have as clients?

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Other Professional Memberships:

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<b>Types of Professional Services Performed</b>	
<b>Service:</b>	<b>What % of your time do you spend performing these services?</b>
Business Consulting – General Management	
Business Valuations	
Buyer Representation	
Consulting - IT	
Consulting – Turnaround	
Due Diligence Reviews	
Employee Benefit Planning	
Estate Planning	
Executive Recruiting	
Financial Planning	
Insurance Services	
Legal Services – Business	
Legal Services – Estate	
Legal Services – Tax	
Lending – Senior	
Lending – Subordinated	
Real Estate Brokerage	
Seller Representation	
Strategic Planning	
Tax – Preparation	
Tax – Advisory	
Wealth Management Services	
Other	
<b>Total</b>	<b>100%</b>

Services provided but not listed above:

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## MEMBERSHIP LEVELS

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EPI offers membership levels to suit every professional need. Select the membership level right for you.

**Credentialed Member** - Available to Members who have obtained the CEPA certification.

- \$997 per year

**Candidate Membership**

- \$997 per year

**General Membership**

- \$497 per year

**Academic Membership** – Available to full time employees of an accredited academic institution.

- \$297 per year

**CEPA Training** – Only available to Credentialed Members

- \$4,997 includes:
  - One year **Candidate** member dues
  - One copy of *The \$10 Trillion Opportunity* co-written by Richard Jackim & Peter Christman
  - One copy of *Private Capital Markets* written by Rob Slee
  - Course manual, 22 hours of instruction
  - The CEPA<sup>®</sup> exam and application fee

### Membership Requirements:

All candidates must meet the following professional standards in order to be considered for membership in EPI:

1. Candidates must have five years or more of full-time or equivalent experience working directly with business owners as a financial advisor, attorney, CPA, business broker, investment banker, commercial lender, valuation advisor, estate planner, insurance professional, business consultant or a similar professional capacity.
2. Candidates must have an undergraduate degree from an accredited college or university in the United States or provide evidence of similar academic credentials from a recognized institution of higher learning in another country.

3. Candidates must not have been required to surrender any professional license or found unfit in a disciplinary hearing by any professional or civic organization.
4. Candidates must not have been convicted of a felony or have any record of personal action or inaction which could reflect a defect in character.

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### **MEMBERSHIP AGREEMENT**

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The undersigned individual (“Applicant”) applies for membership in the Exit Planning Institute, LLC (EPI) at the membership level indicated and if accepted, agrees to pay annual membership dues when invoiced. Applicant acknowledges that membership includes a limited license to use the proprietary exit planning reports and templates developed by the Exit Planning Institute, but that the Institute retains ownership of these resources at all times. Termination of applicant’s membership in the Institute will result in a termination of this limited license.

Applicant acknowledges said membership, if accepted, may be terminated for any of the following reasons (1) failure to pay membership dues, (2) failure to abide by EPI’s bylaws, rules or regulations, (3) failure to abide by EPI’s code of ethics, or (4) evidence suggesting a flaw in moral character.

Further, upon termination of membership, Applicant agrees to cease use of any and all marks associated with EPI, discontinue use of any materials or publications including exit planning reports and templates, produced by, for, or with the assistance of EPI immediately upon termination of membership.

By signing below, the undersigned represents and warrants the factual information contained in this application is true and complete.

**APPLICANT SIGNATURE:**

<b>Referral Code:</b>
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**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### **MAIL OR FAX YOUR APPLICATION TO:**

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Exit Planning Institute, Inc.  
4811 Emerson Avenue, Suite 210, Palatine, Illinois 60067  
Phone: 847-303-6887 Fax: 847-303-6951  
Website: [www.exit-planning-institute.org](http://www.exit-planning-institute.org)

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### **PAYMENT INSTRUCTIONS**

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**Please mail your check for your membership dues and/or CEPA program fees along with your membership application to the address shown above.**