

**ESTATE PLANNING COUNCIL OF NORTHERN NJ  
MEMBERSHIP RENEWAL/APPLICATION  
2025-2026**

*(Please print the following information, as you would like it to appear on our Roster)*

☐ I have a change from the current Member Directory.

☐ I am a new member.

**NAME** \_\_\_\_\_

**PROFESSIONAL DESIGNATION(S):** \_\_\_\_\_

**FIRM NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_ **FAX NUMBER** (\_\_\_\_) \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**REFERRING MEMBER** \_\_\_\_\_

**PROFESSION (Please check ONE ONLY): You will be listed under this category on the Membership Roster.**

☐ Accountant

☐ Financial Planner

☐ Attorney

☐ Insurance Agent

☐ Bank Trust Officer

☐ Wealth Advisor

☐ Other

**Council year runs July 1 – June 30.**

**Annual dues are \$395.00** Please make your check payable to EPCNNJ, Inc., and mail to:

EPCNNJ, Inc.  
P.O. Box 855  
Bernardsville, NJ 07924

***\*Please note: EPCNNJ has been approved as an Accredited Service Provider for NJ CLE credits for attorneys. EPCNNJ programs are eligible for continuing education credits for accountants and financial planners.***

**Current Members:**

Do you find that the EPCNNJ is meeting your needs as a member? \_\_\_\_\_

If not, what changes do you suggest in the Council's operations? \_\_\_\_\_

In your opinion, are there any professional groups underrepresented among our members? \_\_\_\_\_

How would you recommend making our membership messages available to that group(s)? \_\_\_\_\_

Suggestions for topics and/or speakers a future meetings: \_\_\_\_\_

If you know of an associate or friend who would like to become a member of the Council, please list his or her name and address