

**ESTATE PLANNING COUNCIL OF NORTHERN NJ
MEMBERSHIP RENEWAL/APPLICATION
2019-2020**

(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 \$295.00 if paid by September 30, 2019. If paid after September 30, 2019 dues are \$325.00 This fee includes: 1 breakfast meeting, 2 networking events, 3 dinner meetings with nationally and regionally known speakers, a Heckerling Review Session and updated Council website!

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.***

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
