

**ESTATE PLANNING COUNCIL OF NORTHERN NJ
MEMBERSHIP RENEWAL/APPLICATION
2024-2025**

(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.

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Financial Planner |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Insurance Agent |
| <input type="checkbox"/> Bank Trust Officer | <input type="checkbox"/> Wealth Advisor |
| | <input type="checkbox"/> 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
