



NATIONAL ASSOCIATION OF ESTATE PLANNERS & COUNCILS

COUNCIL MEMBERSHIP APPLICATION

The National Association of Estate Planners & Councils encourages its affiliated councils to admit to membership professionals within the accounting, insurance, legal, trust services, philanthropic, or financial planning fields, all with a focus on estate planning. Other professionals are admitted to estate planning councils as their bylaws dictate. NAEPC fosters a team-approach to estate planning involving cross-professional disciplines to better serve the public's need in estate planning.

Complete the application, return necessary documents and return with a check payable to the NAEPC.

Mail to: National Association of Estate Planners & Councils
1120 Chester Ave., Ste. 470
Cleveland, OH 44114-3514

NAEPC dues are invoiced on January 1 and are due by mid-March of each calendar year.

Councils with < 40 members	\$115/yr	Councils with 251 - 400 members	\$525/yr
Councils with 41 - 100 members	\$175/yr	Councils with 401+ members	\$575/yr
Councils with 101 - 250 members	\$375/yr		

Council Name: _____

Council Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of formation: _____ Current Membership #: _____ Fiscal Year end date: _____

Contact Name: _____ Contact Person Position Held: _____

Please answer the following questions and provide the requested information in your remittance. Thank you!

Do you have an existing website? Yes No if yes, what is the address? _____

Are you interested in a website hosted by the NAEPC? Yes No

Which disciplines are currently admitted for membership in your organization?

Attorney Accountant Insurance/Financial Planning Trust Officer Philanthropy

Other(s) (list): _____

In addition to payment, please include the following with your remittance:

- List of officers & directors with contact info
- A current copy of the council's Bylaws

Email spreadsheet of members to councilservices@naepc.org, "New Council Roster – [council name]" in subject line

- An **Excel** file of your entire member roster with the following individual fields: last name, middle initial, first name, professional designations, firm name, address 1, address 2, city, state, zip and e-mail address.

I verify that all of the information I have provided in this application is true and correct.

Signature

Date