

Any estate planning council is eligible to become a member of NAEPC if it encourages as members credentialed professionals in the disciplines of: (i) attorney, (ii) accountant, (iii) insurance/financial planning professional, (iv) philanthropic professional, and/or (v) trust professional. The council may also choose to admit others to membership as it has determined appropriate.

NAEPC dues are invoiced on January 1 and are typically due by mid-March. Dues for new councils that join on or after October 1 carry through the following calendar year. Dues include a \$103 base fee for all councils plus \$1.65 for each member as of the council's most recently closed calendar or fiscal year.

Council Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of formation: \_\_\_\_\_ Membership #: \_\_\_\_\_ Fiscal Year end date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Position Held: \_\_\_\_\_

Does the council have a website?  Yes  No if yes, what is the address? www. \_\_\_\_\_

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

Which disciplines are currently admitted for membership in your organization?

- Attorney  Accountant  Insurance/Financial Planning  Trust  Philanthropy

Other(s) (list): \_\_\_\_\_

Please include the following required documents:

- List of entire board of directors with full contact information  A current copy of the council's bylaws (for storage purposes)

Email a spreadsheet of members to [councilservices@naepc.org](mailto:councilservices@naepc.org) using "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 email address.

To finalize membership, please return this application with required documents and payment.

Payment by check is welcome. Mail checks to the address at the bottom of the page. Or,

Pay by VISA/MC/AMEX # \_\_\_\_\_ Exp Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*All information in this application is true and correct.*

**NATIONAL ASSOCIATION OF ESTATE PLANNERS & COUNCILS**