

National Association of Estate Planners & Councils Council Membership Application

The National Association of Estate Planners & Councils requires its affiliated councils to admit to membership Attorneys, Certified Public Accountants, Chartered Life Underwriters, Certified Financial Planners and Trust Officers. In addition, many councils admit professionals from other disciplines. 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
Attn: Kimberly A. Hronek
1120 Chester Ave., Ste. 470
Cleveland, OH 44114-3514

NAEPC dues are invoiced and payable on January 1 of each calendar year.

Councils with 100 or fewer members.....\$100/yr
Councils with more than 100 members.....\$200/yr



Council Name: _____

Council Address: _____

Council City, State & Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Date of organization: _____ Current Membership #: _____ Fiscal Year: Fiscal Calendar (please circle one)

Contact Name: _____

Contact Person Position Held: _____

In an effort to expedite the application process, 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?

CLU ChFC CTFA Atty CPA CFP Other (list) _____

Include the following with your remittance:

- A current list of Officers & Directors (contact information included)
- A current copy of the ByLaws of the organization
- Appropriate payment

E-Mail to Kimberly A. Hronek (kim@naepc.org) with "New Council Roster – [insert 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.

VERIFICATION

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

Signature _____

Date _____

1120 Chester Ave., Ste. 470 ~ Cleveland, OH 44114-3514
866-226-2224 phone ~ 216-696-2582 fax