

Estate Planning Council Membership Application

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 \$100 base fee for all councils plus \$1.60 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:

- | | |
|--|--|
| <input type="checkbox"/> List of entire board of directors with full contact information | <input type="checkbox"/> A current copy of the council's bylaws (for storage purposes) |
|--|--|

Email a spreadsheet of members to 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

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