

THE ESTATE PLANNING COUNCIL OF NAPLES, INC.

Date:___

APPLICATION FOR MEMBERSHIP

Name:			
Business Address:			
Firm / Company:			
Profession:			
Discipline:	Attorney	□ CPA	Financial Planner
Degrees, Licenses &	Life Underwriter	☐ Trust Officer	
Certifications:			
Attornov Applicants —		shor ic:	
Attorney Applicants –	iviy Florida Bar License Num	ber is:	
Home Address:			
Telephone / Fax:	Business Phone:	Business Fax:	
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Your application must be submitted with the following in order to be deemed complete:

- 1. A check for \$50 made payable to the Estate Planning Council of Naples, Inc. This \$50 is a non-refundable application fee. Upon approval of your request for membership, you will be billed \$25 for your first year's dues and \$175 to cover the charge for the five regular meetings (totaling 200). If at the time you are admitted, there are less than five meetings, the \$175 will be prorated for the balance of the meetings for this year.
- 2. The attached <u>Letter of Recommendation</u> signed by two current members of the Council, one from your discipline and the other from a different discipline.
- **3.** Your signature on the attached <u>Acceptance of Principles</u>. (*Please attach your business card*)

Return your completed application, check and supporting documents to EPC Administrator:

Marsha Jamison, EPC Administrator c/o Timely Concierge, LLC 12321 Notting Hill Ln #12 Bonita Springs, FL 34135

Email: Marsha@timelyconcierge.com

Phone: 239-200-6918