



# THE ESTATE PLANNING COUNCIL OF NAPLES, INC.

## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Firm / Company: \_\_\_\_\_

Profession: \_\_\_\_\_

Discipline:  Attorney  CPA  Financial Planner  
 Life Underwriter  Trust Officer  Advisors and Professors

Degrees, Licenses & Certifications: \_\_\_\_\_

\_\_\_\_\_

Attorney Applicants – My Florida Bar License Number is: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone / Fax: Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cell Phone/E-Mail: Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### 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 Letter of Recommendation 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 Acceptance of Principles. *(Please attach your business card)*

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

Estate Planning Council of Naples  
c/o Marsha Jamison, Administrator  
PO Box 110687  
Naples, FL 34108  
Email: [Marsha@timelyconciierge.com](mailto:Marsha@timelyconciierge.com)  
Phone: 239-200-6918