



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, your annual dues will need to be paid.
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@timelyconcierge.com
Phone: 239-200-6918