## ESTATE PLANNING COUNCIL OF EASTERN NEW YORK, INC. Membership Application

Name:	
Designations for Member Direct	ory Listing (eg. Esq, CPA, CFP, CTFA, etc.)
Business Name:	
Business Address:	
Business Phone Number:	
Email Address:	Website:
<b>Membership Categories: N</b>	Mark any applicable categories, in order (primary, secondary, etc).
<ul> <li>chartered bank; or</li> <li>an individual licensed as a</li> <li>an individual who has atta</li> <li>Financial Planner designa</li> <li>an attorney admitted to pr</li> <li>an accountant licensed as</li> <li>a certified fundraising exe</li> <li>an individual who has atta</li> <li>professional organization;</li> <li>any individual not falling</li> </ul>	a Certified Public Accountant by the State of New York; or cutive; or ined an accreditation in business valuation by a nationally recognized
	pline or designation, any professional degrees, licenses, designations and ations of which you are a member in good standing:
Signat	ure of Applicant Date

## Please Read Carefully

1) A check for \$265.00 (\$50.00 Application Fee and \$215.00 for Annual Dues for the fiscal year ending June 30th) made payable to the Estate Planning Council of Eastern New York, Inc. should be submitted with this Application to Stephanie Cogan, Executive Director, Estate Planning Council of Eastern New York, Inc., P.O. Box 11136, Loudonville, New York 12211.

## OR pay online HERE.

(http://www.epceasternnewyork.org/members/renewal)

Please contact Executive Director Stephanie Cogan with any questions at <a href="mailto:epceny@gmail.com">epceny@gmail.com</a> or 518-458-7774

Thank you!