 **ESTATE PLANNING COUNCIL OF CAPE COD**

MEMBERSHIP APPLICATION

July 1, 2023 – June 30, 2024

I hereby make an application for membership in the Estate Planning Council of Cape Cod and agree to conform with all provisions of its Articles of Association.

MEMBERSHIP TYPE (Please Circle One): NEW RENEWAL

Please complete the following with your information to be published. Please fill out all information as you would like to see it on our website. [www.epccc.org](http://www.epccc.org)

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BUSINESS PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Meeting reminders will be sent by email)

**PROFESSIONAL CATEGORY PLEASE CHECK ONE:**

\_\_\_\_\_\_ ACCOUNTANTS & TAX ADVISORS \_\_\_\_\_\_ ELDER SERVICES

\_\_\_\_\_\_ ATTORNEYS \_\_\_\_\_\_ FOUNDATIONS & CHARITIES

\_\_\_\_\_\_ AUCTIONEERS \_\_\_\_\_\_ INSURANCE AGENCY

\_\_\_\_\_\_ BANKS & TRUST OFFICERS \_\_\_\_\_\_ LONG TERM CARE INSURANCE

\_\_\_\_\_\_ FINANCIAL PLANNERS, CONSULTANTS & ADVISORS

ANNUAL DUES OF **$175.00** MUST ACCOMPANY THIS APPLICATION.

Checks should be payable to EPCCC SEND TO:

Estate Planning Council of Cape Cod

PO Box 1556

Hyannis, MA 02601

***\*\*\*\*\*\*New members only\*\*\*\*\*\*\*\*\****

***ENDORSEMENTS (Two Required Member’s Name & Signature)***

*Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Endorsing Member’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Endorsing Member’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_