



Estate Planning Council of North Georgia

The purpose of the Estate Planning Council of North Georgia is the encouragement among members of their estate planning practices and businesses and the development of greater understanding of the skills and abilities provided to the estate planning filed by each member and their disciplines.

Membership within the EPCNGA is Subject to approval by the Board of Directors.

Qualifications for Membership

Members must have been actively engaged in the practice of estate planning or a related area of practice or business for 3 of the past 5 years. Members typically fall into one of the following categories:

- *Trust Officers*
- *Insurance and Investment Advisors*
- *Financial Planners*
- *Attorneys*
- *Certified Public Accountants*
- *Members at Large*
- *Grandfathered Members*

Applicants must be sponsored by a current member who will present the applicant for membership to the Board of Directors. See By-laws for more information.

Benefits of Affiliation

- *Be recognized as active in the Estate Planning field as you help others in our community using your particular skills*
- *Learn the most recent changes in Estate Planning Techniques, build your business and expand your network*
- *Access to fellow members via online directory*
- *Earn continuing education credit to maintain your professional license*
- *Discounts on publications including Trusts and Estates Magazine*

2009 Opportunities Include:

EPCNGA Annual Membership

- Attendance at all regular Council meetings
- Discounts to the Annual Estate Planning Symposium
- Listing in the annual membership directory with specialty area of practice*
- The opportunity to vote and run for association office

EPCNGA Patron

- Acknowledgement in our annual membership directory
- Listing on our Council website with a direct link to your company website



Estate Planning Council of North Georgia, Inc.
248 Creekstone Ridge, Woodstock, Georgia 30188
770-516-0207 • Fax 770-516-0236 • epcnga@bellsouth.net
www.epcnga.org

2009 Membership Application

Sponsor's Name _____

I have personal knowledge of the applicant presented below and certify that this applicant meets the qualifications for membership outlined in Article II of the By-laws.

Sponsor Signature _____ Date _____

Applicant Name _____

Designations (2 max) _____

Title _____

Company _____

Address _____

City, State, Zip _____

Business Telephone _____ Fax _____

Email Address _____

I hereby certify that I meet the qualifications for membership outlined in Article II of the By-laws.

Applicant Signature _____ Date _____

- Section (Select One Only):**
- Trust Officer
 - Insurance and Investment Advisor - Certification # _____
 - Financial Planner-Fee Based - Certification # _____
 - Attorney - Georgia Bar # _____
 - Certified Public Accountant - CPA# _____
 - Member at Large – Profession: _____

Please check all categories that apply:

- Annual Membership (**required**) \$ 180.00
- Symposium Pre-pay (**optional**) \$ 99.00
- EPCNGA Patron (**optional**) Add \$ 250.00

Total Membership Fees: \$ _____

Complete and mail with check payable to:



EPCNGA, 248 Creekstone Ridge, Woodstock, GA 30188

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2009 EPCNGA Credit Card Form

Use this form to pay your dues with a Credit Card.

Return it along with your renewal notice.

Name: _____

Phone: _____ Credit Card Type: AMEX MC/VISA

Credit Card #: _____ Exp: _____

Signature: _____

Dues (required)	\$180.00
Symposium Pre-Payment (optional)	\$99.00
Patron (optional)	\$250.00

Total to Charge: _____

COMPLETE AND RETURN WITH RENEWAL NOTICE to:

EPCNGA, 248 Creekstone Ridge, Woodstock, GA 30188

Or Fax to 770-516-0236