

# GREATER NEW JERSEY ESTATE PLANNING COUNCIL, INC.

[www.gnjepc.org](http://www.gnjepc.org)

## NEW MEMBER APPLICATION FOR 2013-2014

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

Firm: \_\_\_\_\_

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

\_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(Print Clearly. Meeting Notices will be sent as an attachment to email)

Cell Phone (Optional) \_\_\_\_\_ Website: \_\_\_\_\_

Primary Field of Practice (check) :  ACCOUNTING  LAW  INSURANCE

FINANCIAL ADVISOR/PLANNER  TRUST ADVISOR  ALLIED PROFESSIONAL

Note: All information above this sentence will be published on the public GNJEPC website unless you opt out by checking here: \_\_\_\_\_

How did you hear about GNJEPC? \_\_\_\_\_

**REFERRAL** – Please indicate the name of the sponsoring Member. If none, a Committee Member will reach out to you.

\_\_\_\_\_  
\_\_\_\_\_

Educational Background and Work Experience: (Resume Optional): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estate Planning Experience: \_\_\_\_\_

\_\_\_\_\_

Please note: If you have less than three (3) years' estate planning experience, you are invited to apply for membership as an Associate Member. Please check here if applying for Associate Membership: \_\_\_\_\_

Please describe what you feel you bring to the Council:

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For Continuing Education Credits please CIRCLE desired credits (when approved):

CPA

Attorney

CFP

Insurance

CFP License # \_\_\_\_\_ or Last four digits of SSN \_\_\_\_\_ for CFP

NJ Life Insurance License # \_\_\_\_\_

**CERTIFICATION:**

By signing and submitting this application, the applicant certifies (1) that he/she has practiced estate planning or practiced in a related field for at least 3 of the 5 years prior to this application (if not applying for an Associate membership); (2) that all licenses and or designations, if any, held by applicant are current and in good standing including continuing education requirements; and (3) that he/she agrees to adhere to and respect the ethical standards of his or her own profession and the independence and standards of the other professions and disciplines represented in the Council.

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant

Annual Dues are \$350 which includes the cost for all luncheon meetings. Please print the completed application and sign and date it. Make your check payable to **GREATER NEW JERSEY ESTATE PLANNING COUNCIL, INC.** and mail to:

**Greater New Jersey Estate Planning Council, Inc.**  
215 Godwin Avenue, #33  
Midland Park, NJ 07432

If you prefer to pay by credit card, please go to the following link:  
<http://gnjepcfall2013membership.eventbrite.com/> and then submit your application by mail.