

**RENEWAL /NEW MEMBERSHIP APPLICATION
ESTATE PLANNING COUNCIL OF TOMPKINS COUNTY**

___ **New Member** ___ **Renewal Member**

Name: _____ Professional Designation: _____

Firm/Employer: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

Work Mailing Address: _____

Please check one from the following membership categories:

Legal Professional

Financial Services

Includes:

Accounting

Life Insurance Professionals

Development

Trust Department/Banking Personal

Investment Brokers

Financial Planners

Annual Membership fee: \$40.00 _____

Or

Annual Membership fee including seven lunch meetings: \$125.00 _____

*Please check your option above and make checks payable to the
Estate Planning Council of Tompkins County*

Mail with this application to:

Estate Planning Council of Tompkins County

P.O. Box 6606

Ithaca, NY 14851-6606

Signature: _____ **Date:** _____

Please take a moment to answer the following questions:

1. I recommend the following as potential members of the Estate Planning Council of Tompkins County:

2. I am interested in speaking and/or recommend the following speakers and/or topics:

3. I would like to nominate _____ for Board membership.

4. I would like to be involved in planning upcoming programs: ___ yes ___ no

5. Other Comments (such as convenient meeting locations):
