

**ESTATE PLANNING COUNCIL  
OF TOMPKINS COUNTY**

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**Membership Application or Renewal Form**  
*(Our membership year runs from Sept. 1, through August 31,)*

**Name:**  
**Professional Designation :**  
**Firm or Business:**  
**Street Address:**

**Email:**  
**Business Phone:** ( )  
**Fax:** ( )  
**Website Address:**  
**Membership Category\*:**

*\* please indicate which of the following categories you should be listed under:*

<input type="checkbox"/> Legal Professional	<input type="checkbox"/> Financial Services, Includes:
<input type="checkbox"/> Accounting	Life Insurance Professionals, Trust Department/Banking
<input type="checkbox"/> Development	Investment Brokers, Financial Planners

***Please review the above information carefully.***  
***This is how you will be listed in our membership directory.***  
*(Also, please let us know if any of this information changes during the membership year.)*  
*If you do NOT want your address and phone number listed on our website, please check.*

**MEMBERSHIP FEE: \$65.00** \_\_\_\_\_

**MEMBERSHIP PLUS 7 LUNCH MEETINGS: \$125.00** \_\_\_\_\_  
**\*\* No refunds or substitutions for missed lunches\*\***

*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):

\_\_\_\_\_