

PLEASE COMPLETE THIS APPLICATION AND RETURN WITH YOUR CHECK FOR \$40.00

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

____ New Member ____ Renewal Member

1. Name: _____ Professional Designation: _____
Firm/Employer: _____ Telephone: _____ Fax: _____
Email Address: _____ Website Address: _____
Work Mailing Address: _____

2. PLEASE CHECK ONE (OR MORE) FROM THE FOLLOWING MEMBERSHIP CATEGORIES:

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

3. **\$40.00 Membership Fee** – Attach a check payable to: Estate Planning Council of Tompkins County

Mail or fax your completed application to:

**Estate Planning Council of Tompkins County
P.O. Box 6606
Ithaca, New York 14851

Fax: 607-272-6694 (Attn: Kim Rothman)**

(Signature of applicant)

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

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

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

I would like to be involved in planning programs: Yes _____ No _____

7. Other comments (such as convenient meeting locations):

