

**I wish to become a member of The Estate Planning Council of Abbotsford.**

Date of Application:

<b>NAME:</b>		
<b>COMPANY:</b>		
<b>TITLE:</b>		
<b>STREET ADDRESS:</b>		
<b>CITY:</b>	<b>PROV:</b>	<b>POSTAL CODE:</b>
<b>TELEPHONE:</b>	<b>FAX:</b>	
<b>EMAIL:</b>	<b>WEBSITE:</b> www.	
<b>EDUCATION / QUALIFICATIONS:</b>		
<b>AREAS OF SPECIALITY:</b>		
<b>PROFESSIONAL MEMBERSHIPS/ACTIVITIES:</b>		
<b>OTHER MEMBERSHIPS:</b>		
<b>*ARE YOU INTERESTED IN SPEAKING OPPORTUNITIES?</b>		
<b>OCCUPATION:</b>		
<b>REFERING MEMBER:</b>		
<b>MEMBERSHIP FEES:</b> (includes all 8 meetings)		
	<b>Members</b>	<b>\$225</b>
Guests / Non-member Luncheon Meeting Fee		\$35 per meeting
<b>PAYMENT:</b>		<b>Please send this form with your fees to:</b>  Laurie Daschuk, Executive Coordinator The Estate Planning Council of Abbotsford c/o 2590 Lavender Court Abbotsford BC V3G 3E7 or <a href="mailto:ldaschuk@telus.net">ldaschuk@telus.net</a> or Fax 604-850-5083
Amount: \$ _____		
<input type="checkbox"/> Cheque (payable to <b>The Estate Planning Council of Abbotsford</b> ) [attached]		
<input type="checkbox"/> Visa/MC # _____		
Exp. Date _____		
Name on card: _____		
_____ Signature		2011/2012 Membership