

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



ESTATE PLANNING
COUNCIL of ABBOTSFORD

Date of Application:

NAME:	
COMPANY:	
TITLE:	
STREET ADDRESS:	
CITY:	POSTAL CODE:
TELEPHONE:	OK to post contact info on our website? Y / N
EMAIL:	WEBSITE: WWW.
Post Secondary Education/Professional Designations:	
Areas of focus or specialization:	
Professional memberships or activities:	
Who referred you to us, or how did you find out about the EPCA?	
<i>Category – please check...</i>	Lawyer _____ Banker _____ Financial Advisor _____ Other _____ Chartered Professional Accountant (CPA) _____ <i>Insurance Professional/ Business Valuator/ Trust Officer</i>
Do you have a LinkedIn profile? Y / N	
MEMBERSHIP FEE: (includes all 8 meetings) Includes buffet lunch \$250 September 1 st to August 31 st (Membership pro-rated after November)	
Choose Payment: _____ Cheque (to The Estate Planning Council of Abbotsford) _____ Credit Card Payment Pay by credit card by visiting: http://squareup.com/store/epca/ Amount: \$ _____ Signed: _____ *This application implies express consent for email communication from the EPCA	Please send this form with your fees to: Executive Coordinator The Estate Planning Council of Abbotsford c/o 33337 Wren Cres Abbotsford, BC V2S 5V9 or email scanned form to Coordinator@EPCA.CA
2018/2019 Membership	