

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 _____
Do you have a LinkedIn profile?	Financial Advisor _____	Other _____
Y / N	Chartered Professional Accountant (CPA) _____	<i>Insurance Professional/ Business Valuator/ Trust Officer</i>

MEMBERSHIP FEE: (includes all 8 meetings)	Includes buffet lunch
September 1 st to August 31 st	\$250 (Membership pro-rated if joining 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 4476 No 3 Road
Chilliwack, BC V2R 5E8

or email scanned form to Coordinator@epca.ca

2018/2019 Membership