

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)		
\$175 September 1 st to August 31 st		(Membership pro-rated after November)
Choose Payment:		<p>Please send this form with your fees to:</p> <p>Estate Planning Council of Abbotsford c/o Rebecca Noort 34850 McLeod Ave Abbotsford, BC V3G 1G9</p> <p>or email to Coordinator@epca.ca</p>
_____ 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		2021/22 Membership