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Estate & Financial Planning Council of Southern New Jersey

Member of the National Association of Estate Planners and Councils



Membership Application

Name: _____

Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I am actively engaged in the estate and/or financial planning profession in _____ county for _____ years.

I hold a license or designation/certification and am a member in good standing in the following:

_____ Attorney _____ CPA _____ CFP _____ ChFC _____ CLU
_____ CTFA or qualified professional employed in tax, trust or estate practice by a financial services firm.

Or I have a _____ certification/designation.

My area of discipline(s): _____ Accountant _____ Attorney _____ Financial Planner
_____ Reverse Mortgage Consultant _____ Insurance _____ Trust Officer

Or: I have been involved in this industry as: _____

Or I would like to apply to be a member of EFPCSNJ under one of the following non-voting member categories:

_____ **Young Professional** (\$75 annually) For young professionals 35 years of age or less that do not have the necessary credentials or experience but are working towards full membership

_____ **Associate Member** (\$195 annually) for people that provide services to the clients of EFPCSNJ members but do not have the necessary designations to become a full member and are not primarily involved in the financial planning process. Associate Members are offered a \$100 discount on one EFPCSNJ Breakfast Meeting Sponsorship.

Signature: _____ Date: _____

Recommended by Member: _____
(please print)

Signature of Member: _____

Regular Membership cost: \$170 per year. You can also submit your membership application online at www.efpcsnj.org. Corporate membership is available.

Fax or mail completed application to: Estate & Financial Planning Council of Southern NJ, PO Box 460 Collingswood, New Jersey 08108 Fax: 856-210-1619