



Estate and Financial Planning Council
of Southern New Jersey, Inc.
PO Box 460 • Collingswood, New Jersey 08108
P: 856-795-0551 • F: 856-210-1619
efpcsnjmbrsvcs@bowermanagementservices.com • www.EFPCSNJ.org

2018-2019 DUES INVOICE

****There was no dues increase this year. EFPC-SNJ appreciates your past support****

Description	Amount
Individual Member @ Regular—\$145, Student—\$25, Faculty—\$40, Young Professional—\$75, Associate—\$195	
Corporate Members – first 4 members @ \$170 *Discount Special \$145 until September 30th.	
Corporate Members – 5th member and more @ \$120	
2018-2019 Educational Meeting Package—All 5 educational programs @ \$125	
Total	

\$145 for dues paid by 9/30/2018. \$170 for dues paid after 10/1/18. Please make check payable to EFPCSNJ and mail to: PO Box 460, Collingswood, NJ 08108. **You can renew online and pay by credit card by going to the EFPCSNJ website (www.efpcsnj.org) and click “Member Renewal” on the left hand menu bar. You will need to log into the website as a member to renew your membership. Please call 856-795-0551 for assistance.**

BENEFITS OF MEMBERSHIP

- Access to National web site and all its resources, Quality speakers at the meetings, Great networking opportunities, Continuing education credits at meetings and Access to great resources through the membership directory

CONTACT INFORMATION

Member: _____
 Nickname: _____
 Discipline**: _____
 Title: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Website: _____

**Discipline:

- | | | |
|------------------------|-----------------------------|--------------------|
| Attorney | Accounting | Financial Planning |
| Insurances | Reverse Mortgage Consultant | Trust Officer |
| Other (please explain) | | |

SPECIALTY OR BRIEF BUSINESS DESCRIPTION please email business description (limit to 200 words) to efpcsnjmbrsvcs@bowermanagementservices.com

Pay by credit card – fax to 856-210-1619: Card Type: _____
 Card Number: _____ Exp. Date _____
 Signature: _____ Security Code: _____
 Billing Address of the Card: _____