

**ASSOCIATE MEMBERSHIP  
2024-2025  
THE ESTATE PLANNING COUNCIL OF NORTHEAST FLORIDA**

\_\_\_\_\_  
(Full Name of Potential New Member)

\_\_\_\_\_  
(Bus. Phone)

\_\_\_\_\_  
(Firm name)

\_\_\_\_\_  
(Mobile Phone)

\_\_\_\_\_  
(Street address or post office box)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(City, state and zip code)

\_\_\_\_\_  
(E-mail)

This membership application is required to be completed by those that are not credentialed under the six traditional disciplines recognized in the Articles of Association of the Estate Planning Council of Northeast Florida (Articles). The Articles provide for other members "by approval of the Executive Committee". The purpose is to allow for membership for other individuals experienced and heavily involved in the estate planning process on an ongoing basis and who, in the opinion of the Executive Committee, will contribute to the overall effectiveness of the organization.

The applicant understands that this application must be approved by the Executive Committee and the additional information on page 2 of this application is required to facilitate that process. If such approval has not been obtained prior to a regularly scheduled meeting of the membership, the applicant may attend such meeting on a conditional basis and if the application is denied, there will be a refund of the dues that accompanies this application less the regular guest fee associated with the event attended.

\_\_\_\_\_  
*Applicant's signature*

\_\_\_\_\_  
**Date**

**DUES INFORMATION**  
(fiscal year runs from July to June)

**Dues are \$590 per year (\$565 if paid by September 30, 2024)**

\_\_\_\_\_  
*Sponsor signature*

\_\_\_\_\_  
Date

Application Accepted by:

\_\_\_\_\_  
*Secretary and Membership Chairman*

\_\_\_\_\_  
Date

