

MEMBERSHIP APPLICATION

2016-2017

Name (please print) _____

Business Name _____

Address _____

Telephone No: _____ Fax No. _____

E-Mail Address: _____

Web site: _____

Renew my membership.

I am a New Member. I was a guest of _____ at the meeting on _____
(Sponsoring member's name)

Profession (check one):

Attorney Certified Public Accountant

Trust Officer/Fiduciary Insurance

Financial Planner Enrolled Agent

Other Estate Planning Professional:

2016-2017 Membership fee: \$75.00

Dinner meetings fee: \$40.00 early/\$50.00 guest & late registration per meeting

Premiere Membership \$225.00 Includes membership plus all 5 dinner meetings
(a \$50.00 discount!)

Please Mail Application and Check to: EPCSAC

c/o Lois Vega, Treasurer

39199 Paseo Padre Pkwy, Ste. A.

Fremont, CA 94538

*** You can also register and pay by using 123Signup from www.epcsac.org