

We have a great Council and encourage you to become an active part of it!

Estate Planning Council of North Georgia 2022



New Member Application

The purpose of the Estate Planning Council of North Georgia (EPCNGA) is to encourage a standard of excellence in the field of estate planning, to support members in their estate planning practices and businesses, and to develop a greater understanding of the skills and abilities provided to the estate planning field by each member and their disciplines. EPCNGA membership offers outstanding opportunities for continuing education, networking, team-building, and professional development and personal camaraderie.

The Council meets from 5:15 pm – 7:00 pm on the fourth Tuesday of January, March, May, October and as announced in December. The annual membership period is Jan. 1 to Dec. 31. Meetings offer top level professional development programs for 1 hour of CLE, CFP, CPE and GA Insurance continuing education credit each.

Annual Membership:
Regular Member \$225 Associate Member \$150

Membership within the EPCNGA requires (1) sponsorship by a current member in good standing, (2) that the applicant falls within one of the designated Sections, and (3) approval by the Board of Directors. Furthermore, according to the EPCNGA's bylaws:

Regular Members: All members of the Council must, for a period of not less than three of the previous five years, be actively engaged in the practice of estate planning or related areas of practice or business and be in good standing with any group from which such person has received a certification or license.

Associate Members: Defined as individuals who do not meet requirements of Regular Membership because they have less than three years of estate planning or related experience but are actively pursuing or engaged in careers that would otherwise qualify for another class of membership. Membership in this class limited to two years.

Find out more or join online at www.EPCNGA.org



Estate Planning Council of North GA 2022 New Member Application

Name: _____

Professional Designations: _____ # yrs. in est. planning: _____

Company Name: _____

Address: _____

City, State & ZIP: _____

Phone: _____ E-mail: _____

Member sponsor (required): _____

By signing below, you certify that the information provided on this application is true and correct to the best of your knowledge and that you meet the membership qualifications as detailed in the EPCNGA by-laws, available at www.epcnga.org.

Signature: _____

Professional Section (please select one):

- Trust officer
- Insurance & Investment Advisor – Certification # _____
- Financial Planner (fee-based) – Certification # _____
- Attorney – Georgia Bar # _____
- Certified Public Accountant – CPA # _____
- Member at Large – Profession: _____

Credit Card Payment Info: AMEX MC VISA DISC

Card #: _____ Exp.: _____

Signature: _____

Annual membership dues: _____ Total to charge: \$ _____

- Regular Member (3+ years in estate planning field) \$225
- Associate Member (<3 years but pursuing career in estate planning) \$150

Please make checks payable to: EPCNGA

3227 S. Cherokee Lane, Ste. 1320, Woodstock, GA 30188 - p 770-516-0207 - f 770-516-0236 - admin@epcnga.org