

Membership Application



Contact Information

Name: _____

Firm: _____

Title/Position: _____

Mailing Address: _____

Business Phone: _____ Email: _____

Website: _____

Career Profile

Practicing Since: _____ Area(s) of Focus: _____

Professional Designations: _____

License(s) Held : _____

Additional Information: _____

Certification

I certify the above information is complete and true.

I have enclosed the following for my consideration to become a member of the Estate and Tax Planning Council of Eastern Connecticut:

Completed application

My business card

Membership fee (\$200) *Make checks payable to the Estate and Tax Planning Council of Eastern Connecticut, Inc.*

Signature

Date

Mail your application packet to:

Estate and Tax Planning Council of Eastern Connecticut, Inc., P.O. Box 152, Mystic, CT 06355