

**MERCER COUNTY ESTATE PLANNING COUNCIL**

**MEMBER QUALIFICATION FORM**

Regular Membership

CPA                       Insurance Professional                       Attorney                       Trust Officer

Associate Membership

Please identify your profession and explain how it relates to estate planning:

\_\_\_\_\_

\_\_\_\_\_

Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address (**required**): \_\_\_\_\_

Years of experience in your profession: \_\_\_\_\_

Years of experience in estate planning: \_\_\_\_\_

Employment history: \_\_\_\_\_

Field of special expertise: \_\_\_\_\_

Professional education: \_\_\_\_\_

Schools attended: \_\_\_\_\_

Members known by applicant (not required): \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND MAIL IT TO:  
LINDA R. GARDNER, ESQ.  
VICE PRESIDENT MEMBERSHIP  
MERCER COUNTY ESTATE PLANNING COUNCIL  
475 WALL STREET  
PRINCETON, NJ 08540**