

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:
HAL R. TERR, CPA
VICE PRESIDENT MEMBERSHIP
MERCER COUNTY ESTATE PLANNING COUNCIL
C/O WITHUMSMITH+BROWN
5 VAUGHN DRIVE
PRINCETON, NJ 08540