



2019 Membership Application

Full Legal Name: _____

Professional Designation:

- Attorney Certified Public Accountant (CPA) Certified Financial Planner (CFP)
 Chartered Life Underwriter (CLU) Registered Investment Advisor (RIA)
 Chartered Financial Consultant (CFC) Trust Officer Accredited Estate Planner
 Other (please specify) _____

Firm/Employer's Name: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Company Website: _____

Years of Practice: _____

Please mail application form with dues of \$100 by January 31st, 2019.
Make Checks Payable to the Community Foundation for Ocala/Marion County

and mail to:
The Estate Planning Council of Marion County
c/o The Community Foundation for Ocala/Marion County
116 S. Magnolia Avenue, Suite 3
Ocala, Florida 34471