



## 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: \_\_\_\_\_

### **DUES SCHEDULE**

January 1<sup>st</sup> to February 20<sup>th</sup>, 2019 - \$100

February 21<sup>st</sup> to May 15<sup>th</sup>, 2019 - \$75

May 16<sup>th</sup> to August 21<sup>st</sup>, 2019 - \$50

August 22<sup>nd</sup> to December 31<sup>st</sup>, 2019 - \$125 (Includes 2020 dues)

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**