



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 1st to February 20th, 2019 - \$100

February 21st to May 15th, 2019 - \$75

May 16th to August 21st, 2019 - \$50

August 22nd to December 31st, 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
324 SE 24th Street
Ocala, Florida 34471