



## 2023 Estate Planning Council Membership Application

### Individual Membership Dues:

\$225 (includes meals and opportunity for a guest to attend one meeting during the year)

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: \_\_\_\_\_

### Corporate Membership Dues: 3 or more members from same firm

\$200 per person (includes meals and opportunity for each member to bring a guest to one meeting during the year)

1. 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) \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years of Practice: \_\_\_\_\_

2. 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) \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years of Practice: \_\_\_\_\_

3. 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) \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Years of Practice: \_\_\_\_\_

Firm/Employer's Name: \_\_\_\_\_

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

Company Website: \_\_\_\_\_

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 24<sup>th</sup> Street**  
**Ocala, Florida 34471**

**For Credit Card Processing, please contact our offices directly at (352) 622-5020.**  
**Please note that a convenience fee is applied to credit card payments.**

**2023 MEETING SCHEDULE**

*Meetings will be hosted at Flores Café*  
*2327 S. Pine Street, Ocala, FL 34471*

**February 15<sup>th</sup>, May 17<sup>th</sup>, August 16<sup>th</sup> & November 15<sup>th</sup>**