



2024 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 24th 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.

2024 MEETING SCHEDULE

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

February 21, May 15, August 21 & November 20