



Established in 1986 and proudly incorporated into the Community Foundation for Ocala/Marion County in 2018, the Estate Planning Council of Marion County brings together attorneys, accountants, financial advisors, trust officers, insurance professionals, and others dedicated to excellence in estate planning.

Our mission is to foster collaboration, continuing education, and ethical practice among local professionals. Through quarterly meetings, seminars, and networking events, members share expertise, stay current on changing laws and financial trends, and strengthen the quality of estate and wealth planning throughout our community.

Membership in the Council offers valuable benefits including access to a network of peers, educational opportunities, and professional development designed to enhance client service and community impact.

### **Membership Highlights:**

- **Renewal Process:** Dues renew annually in the month you joined. Lunch is included in your membership dues so no separate payment is required. Members are simply asked to RSVP before each meeting for planning purposes.
- **Bringing a Guest:** Each member may bring one guest to one quarterly meeting per year. This is a great way to introduce potential new members and expand professional networks.
- **Corporate Membership:** Available for firms with three or more members joining. Each individual enjoys full membership benefits and is listed in the Council directory.

The Estate Planning Council of Marion County continues to advance professional excellence and strengthen our community through shared learning and collaboration. We invite you to join us and be part of a network dedicated to building a stronger future for our clients and our community.

### **2026 MEETING SCHEDULE**

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

February 18, 2026

May 20, 2026

August 19, 2026

November 18, 2026



## 2026 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.**

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