

ESTATE PLANNING COUNCIL OF THE FUN COAST, Florida
2012 RENEWAL MEMBER APPLICATION

Please complete this application and send with your check for \$75.00 annual dues, to: EPCFC Treasurer Robert E. Schroeder, CPA, PO Box 354488, Palm Coast, FL 32135-4488

Your Name: _____

Degrees and/or Designations:_____

Business Name:_____

Office Address:_____

Home Address:_____

Telephones: Business _____ FAX _____ Cell _____

Preferred Email Address:_____

Business Website Link:_____

Appropriate Membership Category for which you are applying – Please choose only one:

_____Attorney

_____Chartered Life Underwriter, Certified Financial Planner, or Chartered Financial Consultant

_____Certified Public Accountant or Accountant

_____Bank Trust Officers or Bank Officers involved in Estate Planning

_____Associate - individuals professionally involved in Estate Planning but not holding the credentials listed above. Includes insurance agents, securities representatives, investment advisors, financial planners, paralegals and other interested persons.

_____Representative of charitable organizations or foundations who use estate planning as a means of Funding their activities.

_____Affiliate – Individuals in other professions or occupations who support the goals, objectives, and methods of the Estate Planning Council of the Fun Coast.

I am a member in good standing of the (Please name your professional association):

Notes:

- 1) The information requested will be used to keep our web site and contact information current. Please check epcfuncoast.org for accuracy.
- 2) The EPCFC Board has adopted procedures which, in rare circumstances, could allow the review of a member's status, and which could lead to revocation or non-renewal of membership. Accordingly, EPCFC relies on having up-to-date information in your application. Thank you.

Date _____

Your signature _____