

## **ESTATE PLANNING COUNCIL**

## **MEMBERSHIP APPLICATION**

NAME:	
FIRM NAME:	
FIRM ADDRESS:	
WEBSITE:	
PHONE:	EMAIL:
MEMBERSHIP STATUS	S: Renewing New Member
	Attorney Certified Public Accountant Trust Officer Certified Financial Planner Chartered Life Underwriter Other (please specify):
PROFESSIONAL DESIG	NATIONS:
1. What estate planni	ing topics are you interested in hearing about and discussing at our meetings?
2. Would you recomn	nend a speaker (you may volunteer yourself)? Please indicate the topic.
Date	Signature
Membership dues are	\$225 and include meals for all Council meetings.
-	ck payable to INDIAN RIVER ESTATE PLANNING COUNCIL. Mail your check and to: Indian River Estate Planning Council, PO Box 2098, Vero Beach, FL 32961-
To attend as a Guest,	please contact: Blanche Necessary, Membership Coordinator

Post Office Box 2098 Vero Beach, FL 32961-2098 www.irepc.org EIN: 59-2140522

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