

## **Application for Silver Membership**

Annual Dues \$600

Includes 1 AAEPC membership; 1 complimetary admission to all regular programs; logo on website; shared table to distribute marketing materials; plus 1 invitation to CFAAC's donor "thank you" party.

I hereby apply for membership in the Anne Arundel Estate Planning Council.

| ARUNDEL  | Full Name:   |
|--|--|
| ESTATE PLANNING  | Professional Degrees / Designations held (check all that apply):AttyCPACLU®ChFC®AEP®CFACFP®CTFACWS®CAP®  |
| COUNCIL  | MSFSOther, please list:  |
| c/o Community Foundation<br>of Anne Arundel County<br>914 Bay Ridge Road, Suite 220<br>Annapolis, MD 21403<br>(410) 280-1102<br>email: AAEPC@cfaac.org<br>www.aaestateplanning.org | What is your PRIMARY professional discipline? (choose one): attorney accountant trust officer insurance professional financial planning professional wealth manager Other, please list and explain:  |
|  | Years of practice:   |
| Present Employer:  |  |
| Business Address:  |  |
| Business City, State & Zip Code:   |  |
| Business Phone:  | Fax:   |
| Cell Phone:  | (if you would like it listed in the AAEPC Member Directory)  |
| Email:   |  |
| Website for online posting: http://  | www  |
| Educational/Professional Backgrou  | ınd:   |
|  |  |
|  |  |
|  |  |
| applicant signature  |  |
| print applicant name clearly   | application date   |
| contributions are tax deductible to the maximum a  | tional program of the Community Foundation of Anne Arundel County, a 501(c)(3) organization recognized by the Internal Revenue Service. As such, all<br>llowed by law. Upon request, CFAAC will provide the fair market value (FMV) of your contribution for you and your tax advisor to determine tax deductibilit<br>e Planning Council or its designee must approve all applications for membership. Once membership has been granted and fees paid, annual membership wi |
| Approval   | Accentance Date  |