

Application for Gold Membership

Annual Dues \$1,250

Includes 2 AAEPD memberships; 2 complimentary admission to all regular programs; logo on website; shared table to distribute marketing materials; 4 guest passes per year; plus 2 invitation to CFAAC's donor "thank you" party.



ANNE
ARUNDEL
ESTATE
PLANNING
COUNCIL

c/o Community Foundation
of Anne Arundel County
914 Bay Ridge Road, Suite 220
Annapolis, MD 21403
(410) 280-1102
email: AAEPD@cfaac.org
www.aestateplanning.org

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

Member 1: Full Name: _____

Professional Degrees / Designations held (check all that apply):

___ Atty ___ CPA ___ CLU® ___ ChFC® ___ AEP® ___ CFA ___ CFP® ___ CTFA ___ CWS® ___ CAP®
___ MSFS ___ Other, please list: _____

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 AAEPD Member Directory)

Email: _____

Website for online posting: <http://www.> _____

Educational/Professional Background:

applicant signature

print applicant name clearly

application date

Anne Arundel Estate Planning Council is an educational program of the Community Foundation of Anne Arundel County, a 501(c)(3) organization recognized by the Internal Revenue Service. As such, all contributions are tax deductible to the maximum allowed by law. Upon request, CFAAC will provide the fair market value (FMV) of your contribution for you and your tax advisor to determine tax deductibility. The Steering Committee of the Anne Arundel Estate Planning Council or its designee must approve all applications for membership. Once membership has been granted and fees paid, annual membership will not be refunded, pro-rated or transferred.

Approval _____

Acceptance Date _____

To pay for your 2020 membership, you may enclose a check made payable to CFAAC for \$1,250, noting AAEPD membership in the memo line, or pay online by [clicking here](#).

MEMBER 2 Full Name: _____

Professional Degrees/Designations held (check all that apply): ☐ Atty ☐ CPA ☐ CLU® ☐ ChFC® ☐ AEP® ☐ CFA
☐ CFP® ☐ CTFA ☐ CWS® ☐ CAP® ☐ MSFS ☐ Other, please list: _____

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:** _____

Employer: _____

Business Address: _____

Business City, State & Zip Code: _____

Business Phone: _____ **Fax:** _____

Cell Phone: _____ (if you would like it listed in the AAEP Member Directory)

Email: _____ **Website for online posting: www.** _____

Educational/Professional Background:

Approval _____ *Acceptance Date* _____

Individual memberships included with this membership package (2):

___ # of additional memberships requested (Please include \$300 per added member with your sponsorship payment.)

ADDITIONAL MEMBERS

Full Name: _____

Professional Degrees/Designations held (check all that apply): ☐ Atty ☐ CPA ☐ CLU® ☐ ChFC® ☐ AEP® ☐ CFAA
☐ CFP® ☐ CTFA ☐ CWS® ☐ CAP® ☐ MSFS ☐ Other, please list: _____

What is your PRIMARY professional discipline? (choose one):

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Other, please list and explain: _____ **Years of practice:** _____

Employer: _____

Business Address: _____

Business City, State & Zip Code: _____

Business Phone: _____ **Fax:** _____

Cell Phone: _____ (if you would like it listed in the AAEP Member Directory)

Full Name: _____

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CFP® ____ CTFA ____ CWS® ____ CAP® ____ MSFS ____ Other, please list: _____

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Full Name: _____

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____ CFP® ____ CTFA ____ CWS® ____ CAP® ____ MSFS ____ Other, please list: _____

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:** _____

Employer: _____

Business Address: _____

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