

HoCoEPC - MEMBERSHIP APPLICATION

I hereby apply for membership in the Howard County Estate Planning Council. I am actively engaged in estate planning in Howard County as well as other areas in the greater Baltimore/Washington area. My discipline is:

Accountant Attorney Financial Advisor Trust Officer Non-Profit Professionals

Other (please specify) _____

NAME: _____

YOUR DESIGNATIONS: _____

FIRM: _____

ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

SIGNATURE: _____

I AM INTERESTING IN PARTICIPATING ON A COMMITTEE: YES NO

ANNUAL DUES OF \$125.00 MUST BE INCLUDED WHEN APPLYING FOR MEMBERSHIP. The HoCoEPC membership year is from July 1 through June 30 of each year.

PAYMENT OPTIONS Check Enclosed *or*
 Charge my: Visa MasterCard American Express

Card Number: _____

Security (CSV) Code: _____ Expiration Date: _____

Signature on Card: _____

Printed Name as appears: _____

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