



Bristol County Estate Planning Council



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SECRETARY

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TREASURER

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EXECUTIVE COMMITTEE

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Advisor to Executive Committee

Barbara E. Parker



Membership Application 8/2014-8/2015

Name: _____
Firm Name: _____
Mailing Address: _____

Telephone: _____
Fax: _____
E-Mail: _____
Web Site: _____

Primary Discipline:

- Accountant Attorney Elder Care Professional
 Financial Service Professional Planned Giving/Development Professional
 Student Trust Officer

Designation(s):

- AEP® CFP® ChFC® CLU CPA
 CTFA ESQ LUTCF RIA TO
 Affiliated Professional (Please specify) _____

Speakers Bureau: Are you interested in speaking in the community on behalf of BCEPC regarding subjects of your expertise? Yes No

Annual Membership Dues:

Individual membership\$100
Multiple memberships – 1st member\$100
 Each additional member (same firm/address)\$90
Student Membership\$25
Individual membership after March 1, 201560%

Please make check payable to **BCEPC** and return it with your completed application(s) to:

Trish Robertson
Bristol Elder Services
1 Father DeValles Blvd, Unit 8
Fall River, MA 02723

BCEPC Member Sponsor Name (if applicable): _____

Student at (if applicable): _____

I verify that all of the information I have provided in this application is true and correct. Signature: _____

* Acceptance for membership is at the sole discretion of the Officers and Executive Committee.
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