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## **BEPC MEMBERSHIP APPLICATION - *Certified Public Accountant***

I hereby apply for membership in the Baltimore Estate Planning Council as a Certified Public Accountant (CPA) member. I understand that CPA members shall be licensed as a CPA at all times during their active membership, in good standing and duly licensed to practice in Maryland, and actively engaged in estate planning.

I was licensed to practice as a CPA by the State of \_\_\_\_\_ on \_\_\_\_\_ and am actively engaged in estate planning.

NAME: \_\_\_\_\_

FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

### **MEMBERSHIP SPONSORS**

All applicants for membership as a CPA shall be sponsored by two (2) active Council members, one of whom is a CPA member who is not connected professionally with the firm, if any, with which applicant is then associated.

**SPONSOR #1:** I hereby sponsor the above named applicant for membership

PRINTED NAME: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**SPONSOR #2:** I hereby sponsor the above named applicant for membership

PRINTED NAME: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

### **ANNUAL DUES OF \$120.00 MUST BE INCLUDED WHEN APPLYING FOR MEMBERSHIP.**

**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: \_\_\_\_\_

**Baltimore Estate Planning Council**  
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Phone: 410/442-4468 - Fax: 410/465-7073 - E-mail: [bepec@rxassociationmgt.com](mailto:bepec@rxassociationmgt.com)

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