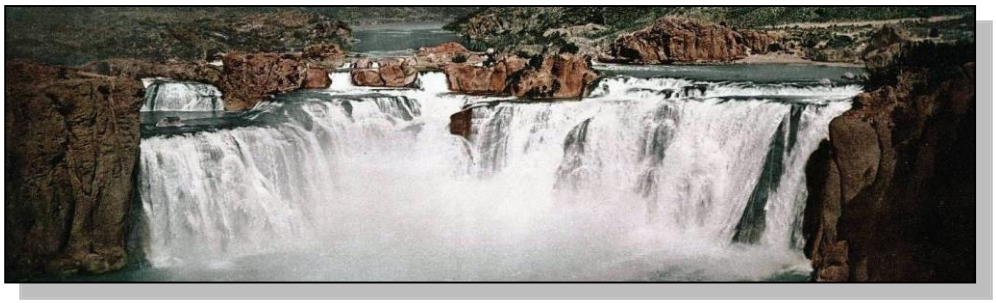

MAGIC VALLEY ESTATE PLANNING COUNCIL

MEMBERSHIP APPLICATION

Name: _____

Business Name: _____

Designation (CPA, JD, CLU, CFP, etc): _____

Discipline:

Business Title: _____

Business Address: _____

Office Telephone: _____

Mobile/Cell Phone: _____

Fax: _____

E-mail Address: _____

Website URL: _____

Dues: $100.00 annually check one: ☐ Payment Enclosed ☐ Send Invoice

Make checks payable to ***Magic Valley Estate Planning Council***

Return application to MVEPC Treasurer, Jeremy Gooding: e-mail to jeremy@twinfallscpa.com
Fax to (208) 734-8685, or mail to 320 Main Ave. N, Twin Falls, ID 83301