

Florida State Guardianship Association
2008-2009 Membership Application-Membership Year April 1-March 31
 FSGA, PO Box 677579, Orlando, FL 32867-7579
 800-718-0207 ♦ 407-699-1068 Fax ♦ Lennie@floridaguardians.com



I. INDIVIDUAL MEMBER CONTACT INFORMATION (see reverse for organizational membership):

Name: _____ Business Name: _____ Date: _____

Mailing Address: _____

County: _____ Telephone: _____ Fax: _____ E-Mail: _____

Your e-mail address is very important to us and is one of the primary methods we use to communicate with our members.

- I would like to join the Member Forum (E-mail required) *The Member Forum is used for members to share ideas and get feedback from other Forum subscribers. You will receive e-mail from other members if you check this box.*

II. MEMBERSHIP CATEGORY:

Chose One

- A. Individual Professional Guardian Membership:** individuals who serve as court appointed professional guardians registered with the Statewide Public Guardianship Office. \$90.00
- B. Individual Family/Volunteer Guardian Membership:** family members or friends who serve as a guardian for an individual \$50.00
- C. Individual Affiliated Professional Membership:** professional individuals **other than guardians** who participate in activities that enhance the role of a guardian, including individual case managers, nurses, physicians, attorneys, social workers and others. \$90.00

II. TOTAL \$ _____

III. CHAPTER MEMBERSHIP

Chose as many as desired

FSGA encourages members to join a local chapter for increased networking opportunities and great involvement. FSGA state organization membership is required in order to join a Chapter. This membership fee is in addition to the FSGA membership fee and will be sent to the local Chapter.

- | | | | | | |
|--|------|--|------|--|------|
| <input type="checkbox"/> Big Bend | \$18 | <input type="checkbox"/> Heart of Florida (f/k/a 5 th District) | \$25 | <input type="checkbox"/> Pasco County | \$30 |
| <input type="checkbox"/> Broward County | \$50 | <input type="checkbox"/> Hillsborough County | \$25 | <input type="checkbox"/> South Florida | \$75 |
| <input type="checkbox"/> Central Florida | \$15 | <input type="checkbox"/> La-Mar Beach | \$30 | <input type="checkbox"/> Southwest Florida | \$20 |
| <input type="checkbox"/> Gulf Coast | \$10 | <input type="checkbox"/> Palm Beach County | \$50 | <input type="checkbox"/> Space Coast | \$25 |
- Check here if you want information on local chapter contacts and committees

III. TOTAL \$ _____

IV. MEMBER DESIGNATION

Chose as many as desired - one listing is free with membership, each additional designation listing is \$25.00

Please indicate your membership designation for our online membership directory –

- | | | |
|---|---|--|
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Fiduciary (e.g.: Trustee) | <input type="checkbox"/> Hospital/Medical Services |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Paralegal |
| <input type="checkbox"/> Care Manager | <input type="checkbox"/> Guardian (Family) | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Guardian (Corporate/OPG) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Court Personnel | <input type="checkbox"/> Guardian (Individual Professional) | |

- Please indicate if you would like to list your website link in the FSGA online member directory. Available for a fee of \$25.00
 (URL _____ Display name _____)

Please indicate if you would like to make an additional contribution (optional). Donors will be recognized for their support on the FSGA website:

- Bronze (\$10-\$100) Silver (\$101-\$250) Gold (\$251-\$500) Platinum (\$501 & up)

IV. TOTAL \$ _____

V. PAYMENT

TOTAL DUE: \$ _____

- Check enclosed, payable to FSGA MasterCard Visa American Express Discover

Name on card: _____ Card No: _____

Expires: _____ CVV (3 or 4 digit code on back of card) _____ Signature: _____

