



Florida State Guardianship Association

2013 - 2014 Membership Application-Membership Year April 1-March 31

FSGA, PO Box 1185, Palm City, FL 34991

Phone: 800-718-0207 ♦ E-mail: ExecutiveOffice@FloridaGuardians.com



I. INDIVIDUAL MEMBERSHIP

Is this a RENEWAL _____ or a NEW MEMBERSHIP _____

Name: _____ Credential _____ Business Name: _____

Address: _____ City _____ State _____ Zip _____

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.

II. MEMBERSHIP CATEGORY (Choose one)

- A. Individual Professional Guardian Membership:** individuals who serve as court appointed professional guardians registered with the Statewide Public Guardianship Office; or \$100.00
- B. Individual Family/Volunteer Guardian Membership:** family members or friends who serve as a guardian for an individual; or \$50.00
- C. Affiliated Individual Membership:** 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. \$100.00

II. SUBTOTAL \$ _____

NOTICE TO GUARDIANS:

*It is the Policy of the Florida State Guardianship Association that all **Guardian** members will, as a condition of membership, affirm they have read and will comply with the NGA Model Code of Ethics, adopted by the Florida State Guardianship Association as a guideline for appropriate practice. Please indicate your affirmation by signing here.* Signature: _____

(NGA Model Code of Ethics may be viewed at <http://tinyurl.com/7ukmkyg>)

III. CHAPTER MEMBERSHIP (Choose as many as desired)

FSGA encourages members to join a local chapter for increased networking opportunities and effective 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 | \$25 | <input type="checkbox"/> South Florida | \$75 |
| <input type="checkbox"/> Broward County | \$50 | <input type="checkbox"/> Hillsborough County | \$25 | <input type="checkbox"/> Southwest Florida | \$35 |
| <input type="checkbox"/> Central Florida | \$30 | <input type="checkbox"/> La-Mar Beach | \$30 | <input type="checkbox"/> Space Coast | \$25 |
| <input type="checkbox"/> Gulf Coast | \$25 | <input type="checkbox"/> Palm Beach County | \$50 | <input type="checkbox"/> Treasure Coast | \$25 |

III. SUBTOTAL \$ _____

IV. OTHER BENEFITS

A. Choose as many Member Designations for our membership directory as desired_ **one listing is free**, each additional designation listing is \$25.00

- | | | |
|---|---|--|
| <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) | |

A. \$ _____

B. Please indicate if you would like to list your website link in the FSGA online member directory. Available for a fee of \$25.00

B. \$ _____

URL _____

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

- | | | | | |
|--|---|---|--|-------------|
| <input type="checkbox"/> Bronze (\$10-\$100) | <input type="checkbox"/> Silver (\$101-\$250) | <input type="checkbox"/> Gold (\$251-\$500) | <input type="checkbox"/> Platinum (\$501 & up) | C. \$ _____ |
|--|---|---|--|-------------|

IV. SUBTOTAL \$ _____

V. PAYMENT

TOTAL DUE: \$ _____

Check, payable to FSGA MasterCard Visa American Express Discover Do not send credit card information by Fax or E-Mail

Name on card (Please print): _____ Card No: _____

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