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

			ERSHIP					
			Credential					
Address:			City		State	Zip		
County:	Telephone:		Fax:		E-Mail: _			
Your	r e-mail address is vei	ry important	to us and is one of the p	rimary methods	we use to c	ommunicate (with our memb	ers.
II. MEMBERSHIP CA	TEGORY (Choose o	ne)						
	•	•	individuals who serve as c	ourt appointed pr	ofessional qu	uardians regist	ered with the	\$100.00
Statewide Public G	uardianship Office; or	-				_		
			nip: family members or frie				al; or	\$50.00
			ner than guardians who pa ers, nurses, physicians, att					\$100.00
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			ciation that all Guardian	mombors will	as a conditiv	on of mombo	rchin affirm th	nov have read and
			ed by the Florida State (
indicate your affirmation			ature:	·				,
III. CHARTER MEMB	FDCUID (Obsesses		•	odel Code of Et	hics may be	e viewed at <u>h</u>	ttp://tinyurl.	com/7ukmkyg)
III. CHAPTER MEMB	•	-						
			ased networking opportunition the FSGA membership fe				rganization mer	nbership is required
☐ Big Bend	\$18		rt of Florida	\$25			\$75	
□ Broward County□ Central Florida	\$50 \$30		sborough County Mar Beach	\$25 □ \$30 □	Southwes Space Co		\$35 \$25	
☐ Gulf Coast	\$25		n Beach County	\$50 □			\$25 \$25	
			•		III. SI	JBTOTAL		s
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IV. OTHER BENEFITS A. Choose as many		ons for our m	embership directory as des	sired - one listin	n is free ea	ch additional d	esignation listin	na is \$25 00
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Assisted Living Fac	cility		Fiduciary (e.g.: Trustee)				dical Services	
☐ Attorney☐ Care Manager			Financial Services Guardian (Family)			Paralegal Skilled Nurs	ing Facility	
☐ Community Service	es	_	` • /	G)			y	
☐ Court Personnel			Guardian (Individual Prof					_ 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								D. φ
C. Please indica	te if you would like to n	nake an addit	ional contribution (optional). Donors will be	recognized fo	or their support	on the FSGA v	vebsite:
☐ Bronze (\$		Silver (\$101-		\$251-\$500)		tinum (\$501 &	up)	C. \$
V DAVMENT						IV. SUB		\$
V. PAYMENT					_	TOTAL		5
			sa American Expres					ion by Fax or E-Ma
Name on card (Please p	rint):			Card No:				
Exnires:	CVV (3 o	r 4 diait code	on back of card)	Signat	ure:			