



**Florida State Guardianship Association**  
**2013 - 2014 Membership Application-Membership Year April 1-March 31**  
 FSGA, PO Box 1185 Palm City, FL 34991  
 800-718-0207 ♦ ExecutiveOffice@FloridaGuardians.com



**I. ORGANIZATIONAL MEMBERSHIP - \$200**

Organization Professional Membership is for organizations that serve as guardians or participate in activities that enhance the role of a guardian. This includes: Office of Public Guardian, and religious organization guardians as well as social service agencies, law firms, service provider agencies, assisted living facilities, skilled nursing facilities, court personnel, home health care agencies and others. The membership is in the organization's name and two individuals are designated by the organization as representatives. To name additional representatives, complete page 2 of this form.

Organization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name of first representative: \_\_\_\_\_ Name of second representative: \_\_\_\_\_  
 Credential \_\_\_\_\_ Credential \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 I do not want to participate in the member Forum  
 I do not want to participate in the member Forum  
*Check here if you do not want to receive e-mail from other members. 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 do not check this box.*

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

**II. 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 \$35   | <input type="checkbox"/> Heart of Florida \$50    | <input type="checkbox"/> South Florida \$150    |
| <input type="checkbox"/> Broward County \$100  | <input type="checkbox"/> Hillsborough County \$50 | <input type="checkbox"/> Southwest Florida \$65 |
| <input type="checkbox"/> Central Florida \$60  | <input type="checkbox"/> La-Mar Beach \$50        | <input type="checkbox"/> Space Coast \$50       |
| <input type="checkbox"/> Gulf Coast \$20   | <input type="checkbox"/> Palm Beach County \$100  | <input type="checkbox"/> Treasure Coast \$50    |
| <input type="checkbox"/> Check here if you want information on local chapter contacts and committees |   |   |

**SUBTOTAL** \$ \_\_\_\_\_

**III. OTHER BENEFITS**

**A.** Choose as many Member Designations 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) | 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

URL \_\_\_\_\_ B. \$ \_\_\_\_\_

**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. \$ _____ |
|--|---|---|--|-------------|

**SUBTOTAL** \$ \_\_\_\_\_

**IV. PAYMENT**

**TOTAL DUE (\$200 plus chapter memberships and other items):** \$ \_\_\_\_\_

- 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: \_\_\_\_\_

*Please visit our website at FloridaGuardians.com to see more information regarding member services and an on-line application.  
 For use after October 31, 2013*

**ADDITIONAL ORGANIZATIONAL MEMBER - \$75 Each**

**ADDITIONAL REPRESENTATIVE FEE** \$ 75.00

Two representatives are included in an Organizational membership. Complete this form for each **additional** member.

Organization: \_\_\_\_\_ Add'l Rep. Name: \_\_\_\_\_ Credential \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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**II. CHAPTER MEMBERSHIP (Choose as many as desired)**

- |  |      |  |      |  |      |
|--|------|--|------|--|------|
| <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      | \$10 | <input type="checkbox"/> Palm Beach County   | \$50 | <input type="checkbox"/> Treasure Coast    | \$25 |

**CHAPTER SUBTOTAL** \$ \_\_\_\_\_

**III. OTHER BENEFITS (Online Directory)**

Choose as many Member Designations as desired - one listing is **free** with membership, 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) |  |

**MEMBER DESIGNATION SUBTOTAL** \$ \_\_\_\_\_

**ADDITIONAL REP. TOTAL** \$ \_\_\_\_\_

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Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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| <input type="checkbox"/> Central Florida | \$30 | <input type="checkbox"/> La-Mar Beach        | \$30 | <input type="checkbox"/> Space Coast       | \$25 |
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**MEMBER DESIGNATION SUBTOTAL** \$ \_\_\_\_\_

**ADDITIONAL REP. TOTAL** \$ \_\_\_\_\_

(Please make copies of this page for additional representatives.)