



III. SELECT MEMBERSHIP CATEGORY AND MEMBERSHIP FEE

<u>Individual Member</u>	<u>Organizational Membership</u>	<u>Additional Organizational Member (beyond two allowed)</u>
Individual Professional Guardian \$100	\$200	\$75
Individual Family/Volunteer Guardian \$45	Name of 2nd Representative _____	
Affiliated Individual \$100	E-mail _____	

Total Section III _____

IV. CHAPTER MEMBERSHIPS (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. Choose the correct column below for your selection in Section III above.

	<u>Individual Member</u>	<u>Organizational Membership</u>	<u>Additional Organizational Member</u>
<input type="checkbox"/> Big Bend	\$18	\$35	\$18
<input type="checkbox"/> Broward County	\$50	\$100	\$50
<input type="checkbox"/> Central Florida	\$30	\$60	\$30
<input type="checkbox"/> Gulf Coast	\$10	\$20	\$10
<input type="checkbox"/> Heart of Florida	\$25	\$50	\$25
<input type="checkbox"/> Hillsborough County	\$25	\$50	\$25
<input type="checkbox"/> La-Mar Beach	\$30	\$50	\$30
<input type="checkbox"/> Palm Beach County	\$50	\$100	\$50
<input type="checkbox"/> South Florida	\$75	\$150	\$75
<input type="checkbox"/> Southwest Florida	\$35	\$65	\$35
<input type="checkbox"/> Space Coast	\$25	\$50	\$25
<input type="checkbox"/> Treasure Coast	\$25	\$50	\$25
Total Section IV	\$ _____	\$ _____	\$ _____

V. OTHER BENEFITS

A. Choose as many Member Designations as desired - one listing is free with membership, each additional designation listing is **\$25** for Individual Members (and Additional Organizational Members) and **\$50** for Organizational Members.

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. Would you like to list your website link in the FSGA online member directory? Available for a fee of **\$25.00**

URL _____ Display name _____ B. \$ _____

C. Would you like to make an optional contribution? Donors will be recognized for their support on the FSGA website:

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

PAYMENT

GRAND TOTAL DUE (Sections III, IV and V A, B & C): \$ _____

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

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

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