



# Florida State Guardianship Association

## INDIVIDUAL Membership Application

Membership Year April 1, 2018 Through March 31, 2019

PO Box 1185 Palm City, Florida 34491

Phone: 800-718-0207 ♦ E-mail: [ExecutiveOffice@FloridaGuardians.com](mailto: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: \_\_\_\_\_

State House District Number \_\_\_\_\_ State Senate District Number \_\_\_\_\_

To determine your district numbers, visit this website: <https://www.flsenate.gov/senators/find>

### 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

### NOTICE TO GUARDIANS:

II. SUBTOTAL \$ \_\_\_\_\_

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 \$50     |
| <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"/> First Coast \$20     | <input type="checkbox"/> Mid Florida \$35         | <input type="checkbox"/> Treasure Coast \$25    |
| <input type="checkbox"/> Gulf Coast \$25      | <input type="checkbox"/> Palm Beach County \$50   | <input type="checkbox"/> North Central \$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"/> Financial Services                 | <input type="checkbox"/> Insurance                |
| <input type="checkbox"/> Attorney                  | <input type="checkbox"/> Funeral/Burial/Cremation           | <input type="checkbox"/> Moving and Estate        |
| <input type="checkbox"/> Care Manager              | <input type="checkbox"/> Guardian (Corporate/OPG)           | <input type="checkbox"/> Paralegal                |
| <input type="checkbox"/> Community Services        | <input type="checkbox"/> Guardian (Family)                  | <input type="checkbox"/> Real Estate Professional |
| <input type="checkbox"/> Companion                 | <input type="checkbox"/> Guardian (Individual Professional) | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Court Personnel           | <input type="checkbox"/> Home Care – Non Medical            | <input type="checkbox"/> State or local services  |
| <input type="checkbox"/> Examining Committee       | <input type="checkbox"/> Home Health – Medical              | <input type="checkbox"/> Supplies                 |
| <input type="checkbox"/> Fiduciary (e.g.: Trustee) | <input type="checkbox"/> Hospital/Medical Services          | <input type="checkbox"/> Other _____              |

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:

- Bronze (\$10-\$100)     Silver (\$101-\$250)     Gold (\$251-\$500)     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: \_\_\_\_\_