



Florida State Guardianship Association
ORGANIZATIONAL Membership Application
Membership Year April 1, 2018 Through March 31, 2019
 PO Box 1185 Palm City, Florida, 34991
 800-718-0207 ♦ ExecutiveOffice@FloridaGuardians.com

USE THIS FORM ONLY BETWEEN OCTOBER 1 AND DECEMBER 31 (FEES ARE PRO-RATED)

I. ORGANIZATIONAL MEMBERSHIP - \$100

Organization Professional Membership is for organizations that serve as guardians or participate in activities that enhance the role of a guardian. The membership is in the organization's name and two individuals are designated by the organization as representatives.

Organization: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ **Telephone:** _____ **Fax:** _____

Name of first representative: _____ **Name of second representative:** _____

E-Mail: _____ **E-Mail:** _____

State House District Number for first representative _____ State House District Number for second representative _____

State Senate District Number for first representative _____ State Senate District Number for second representative _____

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

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 \$100 |
| <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"/> North Central Florida \$50 |
| <input type="checkbox"/> First Coast \$30 | <input type="checkbox"/> Mid Florida \$70 | <input type="checkbox"/> Space Coast \$50 |
| <input type="checkbox"/> Gulf Coast \$50 | <input type="checkbox"/> Palm Beach County \$100 | <input type="checkbox"/> Treasure Coast \$50 |

III. SUBTOTAL \$ _____

III. OTHER BENEFITS

A. Choose as many Member Designations as desired - **one listing is free per person**, each additional designation listing is **\$25.00 per person**

- | | | |
|--|---|---|
| <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. \$ _____

A. Please indicate if you would like to list your website link in the FSGA online member directory. Available for a fee of **\$50.00**.

B. \$ _____

URL _____

B. 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. \$ _____

SUBTOTAL \$ _____

IV. PAYMENT

*** TOTAL DUE (\$100 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: _____

ADDITIONAL REPRESENTATIVE FEE \$37.50 per additional person

Use to add any additional representatives beyond the first two which are included in the Organizational Membership.

Two representatives are included in an Organizational membership. Please complete a separate form for each additional member.

Organization: _____ Add'l Rep. Name: _____ Credential _____

Telephone: _____ Fax: _____ E-Mail: _____

State House District Number for this representative _____ State Senate District Number for this representative _____

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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"/> North Central \$25 |
| <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 \$10 | <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"/> South Florida \$50 | |

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"/> 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. \$ _____

IV. Website Link (Optional)

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 _____

ADDITIONAL REP. TOTAL \$ _____

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