



Florida State Guardianship Association

INDIVIDUAL Membership Application

Membership Year April 1, 2019 Through March 31, 2020

PO Box 1185 Palm City, Florida 34491

Phone: 800-718-0207 ♦ E-mail: 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 \$125.00
- B. Individual Family/Volunteer Guardian Membership:** family members or friends who serve as a guardian for an individual; or \$75.00
- 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. \$125.00

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 \$35 | <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: _____