



# Florida State Guardianship Association

ORGANIZATIONAL Membership Application

Membership Year **April 1, 2019 Through March 31, 2020**

PO Box 1185, Palm City FL, 34491

800-718-0207 ♦ ExecutiveOffice@FloridaGuardians.com

## I. ORGANIZATIONAL MEMBERSHIP - \$250

For Organizations with two or more FSGA memberships

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"/> Space Coast \$50       |
| <input type="checkbox"/> First Coast \$70     | <input type="checkbox"/> Mid Florida \$70         | <input type="checkbox"/> Treasure Coast \$50    |
| <input type="checkbox"/> Gulf Coast \$50      | <input type="checkbox"/> Palm Beach County \$100  | <input type="checkbox"/> North Central \$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 (\$250) 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 \$100.00 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"/> Southwest Florida \$35 |
| <input type="checkbox"/> Broward County \$50  | <input type="checkbox"/> Hillsborough County \$25 | <input type="checkbox"/> Space Coast \$25       |
| <input type="checkbox"/> Central Florida \$30 | <input type="checkbox"/> La-Mar Beach \$30        | <input type="checkbox"/> Treasure Coast \$25    |
| <input type="checkbox"/> First Coast \$35     | <input type="checkbox"/> Mid Florida \$35         | <input type="checkbox"/> North Central \$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.)**