



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 Ethical Principles, adopted by the Florida State Guardianship Association as a guideline for appropriate practice. Please indicate your affirmation by signing here. Ethical Principles may be viewed here. <https://www.guardianship.org/wp-content/uploads/2017/07/Ethical-Principles-2017.pdf>

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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bronze (\$10-\$100) | <input type="checkbox"/> Silver (\$101-\$250) | <input type="checkbox"/> Gold (\$251-\$500) | <input type="checkbox"/> 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 _____

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. **Signature:** _____

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.)