

**Florida State Guardianship Association**  
**2007-2008 Membership Application-Membership Year April 1-March 31**  
 FSGA, PO Box 677579, Orlando, FL 32867-7579  
 800-718-0207 ♦ 321-206-6589 Fax ♦ Lennie@floridaguardians.com



**I. CONTACT INFORMATION:**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Street Address (if different) \_\_\_\_\_  
 County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

*Your e-mail address is very important to us and is one of the primary methods we use to communicate with our members.*

- I would like to join the Member Forum (E-mail required) *The Member Forum is used for members to share ideas and get feedback from other Forum subscribers. You will receive e-mail from other members if you check this box.*

**II. MEMBERSHIP CATEGORIES:**

**Individual Membership**

- A. Individual Professional Guardian Membership:** individuals who serve as court appointed professional guardians registered with the Statewide Public Guardianship Office. [SPGO Registration number \_\_\_\_\_] **\$90.00**  
*If no SPGO Registration number is listed above, please indicate if SPGO registration is pending or you are unregistered.*
- B. Individual Family/Volunteer Guardian Membership:** family members or friends who serve as a guardian for an individual **\$50.00**
- C. Individual Affiliated Professional Membership:** professional 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. **\$90.00**

**Organization Membership**

- D. Organization Professional Membership:** organizations that serve as guardians or participate in activities that enhance the role of a guardian. This includes Office of Public Guardian, and religious organization guardians as well as social service agencies, law firms, service provider agencies, assisted living facilities, skilled nursing facilities, court personnel, home health care agencies and others. The membership is in the organization's name and two individuals are designated by the organization as representatives. **\$180.00**  
 Name of second representative \_\_\_\_\_

**II. TOTAL** \$ \_\_\_\_\_

**III. CHAPTER MEMBERSHIP**

FSGA encourages members to join a local chapter for increased networking opportunities and great involvement. FSGA state organization membership required. Corporate associate dues are indicated in parentheses. 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 (\$35)        | <input type="checkbox"/> Heart of Florida (f/k/a 5 <sup>th</sup> District) \$25 (\$50) | <input type="checkbox"/> Pasco County \$30 (\$50)      |
| <input type="checkbox"/> Broward County \$50 (\$100) | <input type="checkbox"/> Hillsborough County \$25 (\$50)                               | <input type="checkbox"/> South Florida \$75 (\$150)    |
| <input type="checkbox"/> Central Florida \$15 (\$30) | <input type="checkbox"/> La-Mar Beach \$30 (\$50)                                      | <input type="checkbox"/> Southwest Florida \$20 (\$40) |
| <input type="checkbox"/> Gulf Coast \$10 (\$20)      | <input type="checkbox"/> Palm Beach County \$50 (\$100)                                | <input type="checkbox"/> Space Coast \$25 (\$50)       |
- Check here if you want information on local chapter contacts and committees

**III. TOTAL** \$ \_\_\_\_\_

**IV. MEMBER DESIGNATION**

Please indicate your membership designation for our online membership directory – one listing is free with membership, each additional designation listing **\$25.00**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Fiduciary (e.g.: Trustee)          | <input type="checkbox"/> Hospital/Medical Services |
| <input type="checkbox"/> Attorney                 | <input type="checkbox"/> Financial Services                 | <input type="checkbox"/> Paralegal                 |
| <input type="checkbox"/> Care Manager             | <input type="checkbox"/> Guardian (Family)                  | <input type="checkbox"/> Skilled Nursing Facility  |
| <input type="checkbox"/> Community Services       | <input type="checkbox"/> Guardian (Corporate/OPG)           | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Court Personnel          | <input type="checkbox"/> Guardian (Individual Professional) |  |

- Please indicate if you would like to list your website link in the FSGA online member directory **\$25.00**  
 (URL \_\_\_\_\_ Display name \_\_\_\_\_)

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)

**IV. TOTAL** \$ \_\_\_\_\_

**V. PAYMENT**

**TOTAL DUE:** \$ \_\_\_\_\_

- Check enclosed, payable to FSGA     MasterCard     Visa     American Express     Discover

Name on card: \_\_\_\_\_ Card No: \_\_\_\_\_  
 Expires: \_\_\_\_\_ CVV (3 or 4 digit code on back of card) \_\_\_\_\_ Signature: \_\_\_\_\_

*Please visit our website at FloridaGuardians.com to see more information regarding member services.*