



# Florida State Guardianship Association

2010 - 2011 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. INDIVIDUAL MEMBER CONTACT INFORMATION (see reverse for organizational membership):

Is this a RENEWAL \_\_\_\_\_ or a NEW MEMBERSHIP \_\_\_\_\_

Name: \_\_\_\_\_ Credential \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date: \_\_\_\_\_

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.*

Check here if you do not want to participate in the Member Forum. 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 do not check this box.

## II. MEMBERSHIP CATEGORY:

### Chose One

- A. Individual Professional Guardian Membership:** individuals who serve as court appointed professional guardians registered with the Statewide Public Guardianship Office; or **\$90.00**
- B. Individual Family/Volunteer Guardian Membership:** family members or friends who serve as a guardian for an individual; or **\$50.00**
- 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. **\$90.00**

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

## III. CHAPTER MEMBERSHIP

### Chose 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 \$75     |
| <input type="checkbox"/> Broward County \$50  | <input type="checkbox"/> Hillsborough County \$25 | <input type="checkbox"/> Southwest Florida \$20 |
| <input type="checkbox"/> Central Florida \$30 | <input type="checkbox"/> La-Mar Beach \$30        | <input type="checkbox"/> Space Coast \$25       |
| <input type="checkbox"/> Gulf Coast \$10      | <input type="checkbox"/> Palm Beach County \$50   |                                                 |
- Check here if you want information on local chapter contacts and committees

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

## IV. OTHER BENEFITS

**A.** Chose as many Member Designations as desired\_ - one listing is free with membership, each additional designation listing is \$25.00

Please indicate your membership designation for our online membership directory –

- |                                                   |                                                             |                                                    |
|---------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|
| <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) |                                                    |

**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

URL \_\_\_\_\_ Display name \_\_\_\_\_

**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)

**IV. (A, B & C) TOTAL** \$ \_\_\_\_\_

## V. PAYMENT

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

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

Name on card (Please print): \_\_\_\_\_ 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 and an on-line application.  
Page 1 (Individual membership only)*

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**I. ORGANIZATIONAL CONTACT INFORMATION (see reverse for individual membership):**

Is this a RENEWAL \_\_\_\_\_ or a NEW MEMBERSHIP \_\_\_\_\_  
 Organization: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name of first representative: \_\_\_\_\_ Name of second representative: \_\_\_\_\_  
 Credential \_\_\_\_\_ Credential \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 I do not want to participate in the member Forum  I do not want to participate in the member Forum  
 Check here if you do not want to receive e-mail from other members. 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 do not check this box.

**II. ORGANIZATIONAL MEMBERSHIP:**

Organization Professional Membership is for 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.

**II. TOTAL** \$ 180.00

**III. CHAPTER MEMBERSHIP**

**Chose as many as desired**

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- |                                                                                                      |                                                   |                                                 |
|------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Big Bend \$35                                                               | <input type="checkbox"/> Heart of Florida \$50    | <input type="checkbox"/> South Florida \$150    |
| <input type="checkbox"/> Broward County \$100                                                        | <input type="checkbox"/> Hillsborough County \$50 | <input type="checkbox"/> Southwest Florida \$40 |
| <input type="checkbox"/> Central Florida \$60                                                        | <input type="checkbox"/> La-Mar Beach \$50        | <input type="checkbox"/> Space Coast \$50       |
| <input type="checkbox"/> Gulf Coast \$20                                                             | <input type="checkbox"/> Palm Beach County \$100  |                                                 |
| <input type="checkbox"/> Check here if you want information on local chapter contacts and committees |                                                   |                                                 |

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

**IV. OTHER BENEFITS**

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| <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) |                                                    |

**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

URL \_\_\_\_\_ Display name \_\_\_\_\_

**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)

**IV. (A, B & C) TOTAL** \$ \_\_\_\_\_

**V. PAYMENT**

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