

Illinois Guardianship Association (IGA)

Membership Application

You are invited to join the Illinois Guardianship Association. Your membership fee helps support community education and training conferences. Our membership is open to Nationally Certified Guardians (NCG), Public and State Guardians, Licensed Master Social Workers (LMSWs), Licensed Clinical Social Workers (LCSWs), Qualified Intellectual Disabilities Professionals (QIDPs), Nursing Home Administrators, Fiduciaries, Family Guardians, Private Guardians, Attorneys, and Guardianship or Related Agencies and Organizations.

Mail this application form with your payment to:

Illinois Guardianship Association
PO Box 5183
Morton, Illinois 61550

Membership Period: May 1, 2024 to April 30, 2025.

Individual Membership: \$50 or **Agency/Organization Membership:** \$1500 for up to 40 staff

(Please print names of staff members on the reverse, with email addresses)

Individual or Agency

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Membership Type: (Check all that apply.)

Family/private _____ State _____ Public _____ Fiduciary _____

Attorney Certified Guardian _____ Agency Membership _____ Other _____

If other, please describe: _____

(Remember, please print names of staff members on the reverse or a separate page, with email addresses for organizational memberships)