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, Fiduciary, and family guardians.

Mail this application form with your payment of $50 to:

Illinois Guardianship Association Phone 312-458-9867

P.O. Box 3575 Federal ID#36-4254121

Bloomington, Il61702-3575 Attn: Daniel Deneen J.D

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Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Membership Type: Check all that apply.

Family__ State__ Public__ Private__ Bank/Fiduciary___ Nationally Certified___

Please indicate if you agree to have your membership information available to other members on the IGA website membership directory.

Name only ___ Name and address, contact information, type ___