

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 (Federal ID#36-4254121)
PO Box 5183
Morton, Illinois 61550

Individual Membership \$50 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 _____ Other Professional _____ Agency Membership _____

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 _____

Agency Name only _____ Agency address and contact information _____ Agency Staff Names _____