## 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

email addresses for organizational memberships)

Membership Period: Mag	y 1, 2025 to <i>i</i>	April 30, 2026.		
Individual Membership:	<u>\$50</u> or	Agency/Organization	Membership:	\$1500 for up to 40 staff
(Please print names of sta	aff members	on the reverse, with em	ail addresses)	*****
Individual or Agency Name:				
Address:				
			Zip Code:	
Phone:	Email:			
Membership Type: (Che	ck all that ap	ply.)		
Family/private	State	Public	Fiduciary	,
Attorney Certified Guardia	ın	Agency Membership	Oth	er
If other, please describe:				
(Remember, please print	names of sta	ff members on the reve	rse or a separa	te page. with

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