

Membership Application

North Carolina Guardianship Association • P. O. Box 17673 • Raleigh, NC 27619

Name_____

Agency (if applicable)_____

Address_____ City_____

Zip_____ Phone_____ Fax_____ Email_____

Position Title (if applicable)_____

Enclosed is my membership fee in the amount of \$_____ for membership in the category checked below:

Consumer - \$45*

Professional - \$90

Family Member/Volunteer - \$ 65*

Organization/Agency - \$175 (for two designated memberships)

*Rate reductions are considered for individuals when financial barriers to membership exist.