

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 - \$20*

Professional - \$65

Family Member/Volunteer - \$ 40*

Organization/Agency - \$125 (for two designated memberships)

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