

Membership Application

North Carolina Guardianship Association • P. O. Box 673 • Clemmons, NC 27012

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 - \$ 45*

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