2024 Ohio Guardianship Association Membership

Inspiring excellence and ethics in adult guardianship services by guardians and guardianship programs through education, networking, and advocacy

The Ohio Guardianship Association's individual and organization members serve as leaders in promoting, educating, and supporting guardians to provide high-quality guardianship services. We are the catalyst in advocating for policies and legislation ensuring that guardianship is practiced ethically in the State of Ohio.

What We Do
- Provide support for guardians in Ohio.
- Advocate that guardianship should only be used as a last resort, and that less restrictive alternatives should be used whenever possible.
- Provide affordable education and training for guardians.
- Uphold the Standards of Practice and Ethical Principles of the National Guardianship Association.
- and more...

MEMBERSHIP CATEGORIES

_____ Volunteer guardian (including family members): $25

_____ Individual member: $50

_____ Organization member:

___ 1-10 employees: $125

___ 11-25 employees: $175

___ 25+ employees: $250

Number of employees providing guardianship services: _____

As an organization member, all employees of the organization receive member rates at the conference, and the organization may designate 25% of its employees (up to a maximum of 5 employees) to be voting members. Volunteers are not counted as employees.

Membership Application

Name: _____   Title: _____

Company/Agency: _____

Address: _____

City: _____   State: _____   Zip: _____   County: _____

Phone: _____

Email (where we can send notices to): _____

I/My agency serves the following population(s):(check all that apply):

____ 18+   ____ 60+   ____ Mentally Ill   ____ TBI   ____ DD   ____ Alcohol/Substance Abusers

____ Other: _____

I/My agency offer (s) the following services:

____ Guardian of the Person   ____ Guardian of the Estate

____ Conservator of the Person   ____ Conservator of the Estate

____ Case Coordination/Management   ____ Representative Payee

____ Other (please specify) _____

For Organization Members, please provide the names of voting members below:

	Name	Title	Email Address
1			
2			
3			
4			
5			