



# 2025 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: \$55

\_\_\_ Organization member:

\_\_\_ 1-10 employees: \$150

\_\_\_ 11-25 employees: \$200

\_\_\_ 25+ employees: \$275

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.*

**~ Select Membership above and finish application on reverse side ~**

# Membership Application

**PLEASE PRINT LEGIBLY**

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 |      |       |               |