



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			