

FLORIDA GUARDIAN AD LITEM FOUNDATION

“A Powerful Voice in a Child’s Life”

APPLICATION FOR MEMBERSHIP

NAME _____

DATE OF APPLICATION _____

ADDRESS _____

PHONE _____

E-MAIL _____

Can we contact you via your e-mail address? Yes No

COUNTY _____

TYPE OF FOUNDATION MEMBERSHIP

INDIVIDUAL MEMBER (\$25)

PROGRAM/NONPROFIT MEMBER (\$100)

GAL Volunteer

Program

GAL Staff

Nonprofit

GAL Program Director

Other Child Advocate

CORPORATE MEMBER(\$250)

*Please make checks payable to **Florida Guardian ad Litem Foundation.***

Mail to:

Florida Guardian ad Litem Association

Post Office Box 10688

Tallahassee, FL 32302

THANK YOU FOR YOUR SUPPORT