



MEMBERSHIP APPLICATION

CSGA membership includes national and state recognition

PO Box 1067 Land O Lakes, FL 34639 Phone: (702) 873-3380 Fax: (800) 291-4555
You may join CSGA online at www.certifiedsenior.com

Name: _____
FIRST MI LAST

Preferred E-mail Address: _____

Employer: _____ Job Title: _____

Please send my CSGA Membership Certificate and Card to: Work or Home

WORK ADDRESS _____

HOME ADDRESS _____

WORK ADDRESS _____

HOME ADDRESS _____

CITY STATE/PROVINCE ZIP

CITY STATE/PROVINCE ZIP

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PHONE FAX

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PHONE FAX

CSGA Employment Group: Construction Insurance Real Estate Medical Other _____

Professional License(s): _____

I am licensed in these states: _____

Name of person who encouraged you/sponsored you to join: _____

Rates Valid Only Through December 2007

Member - \$395.00

Member Renewal - \$99.95

Corporate Sponsor - \$995.00

CSGA Free Website Information:

Payment Dues Amount \$ _____

AMEX VISA MASTERCARD DISCOVER Check

Credit Card #: _____ Exp. Date: ____/____/____
MM YY

Cardholder's Name: _____ Signature: _____

I hereby certify that the information herein is complete and accurate.

I further certify that I will abide by the requirements of the CSGA code of ethics. I also pledge to support the constitution, bylaws and board policies (as they are now and as they may be amended) of CSGA and my Professional Licensing Authority.

Applicant Signature

Date

PLEASE RETURN APPLICATION TO: Certified Senior Guidance Association - P.O. BOX 1067, LAND O LAKES, FL 34639 OR FAX TO: (800) 291-4555

CSGA USE ONLY

_____ State _____ Type _____