



# 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](http://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

( ) ( )  
PHONE FAX

( ) ( )  
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 2010

Member – \$395.00

CSGA Free Website Information: \_\_\_\_\_  
\_\_\_\_\_

Payment Dues Amount \$ \_\_\_\_\_

AMEX  VISA  MASTERCARD  DISCOVER  Check

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

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 \_\_\_\_\_