

To join, return your check for the appropriate amount made payable to *GAND* along with this form to:

The Guardianship Association of North Dakota
PO Box 1693
Bismarck, ND 58502-1693

Name: _____
Title: _____
Organization: _____
Address: _____
City/State: _____
Zip Code: _____
Telephone: () _____
Fax: () _____
E-Mail Address: _____

Do you want your name published on a membership roster:

Yes No

Enclosed:

\$35 Individual \$40 Family
 \$40 Agency \$10 each additional
designee

Names of additional designees: _____

For More Information Call:
(701) 235-4457 in Fargo
(701)222-6600 in Bismarck

www.gand.org