



Minnesota Association for
Guardianship & Conservatorship

Shaping the Profession, Supporting People

MAGiC Membership January 1 – December 31

Thank you for your interest in becoming a member of MAGiC, the Minnesota Association for Guardianship & Conservatorship. MAGiC is a nonprofit organization founded in 1989 to explore substitute decision-making for vulnerable persons who are not able to make decisions for themselves. MAGiC is committed to ensuring that the appropriate level of quality substitute decision-making is applied consistently.

MAGiC membership includes: the quarterly Journals; a discounted rate to attend the annual conference; Standards of Practice; legislative and case law updates and analysis; network forum and workshops/continuing education.

To become a member of MAGiC or renew your membership:

1. Visit our Website at www.minnesotaguardianship.org.
2. Complete the attached Membership Application and return with a check made payable to:

MAGiC
C/O Membership
5001 Chowen Ave. S.
Edina, MN 55410

Professional Profiles

Members have an opportunity to have a Professional Profile published online. A Professional Profile allows a member to publish information pertinent to his or her profession, which may include education, field experience, honors and any other information he or she deems important. It is up to the member to determine content.

Advertising

Advertising opportunities are available in our Quarterly Journal and on the MAGiC Website. The advertising contract is available on the MAGiC website: www.minnesotaguardianship.org or in a MAGiC Journal. Please submit the advertising contract, ad and payment to the address above. Please email the ad to: info@minnesotaguardianship.org

Respectfully,
Elisa Pape
info@minnesotaguardianship.org

MAGIC Membership

Professional Roles

Please select your areas of practice (up to 4) and list on the application below.

Accountant	Case Manager	Funeral Planner	Housing	Personal Representative	Social Worker
Attorney	Court Personnel	Guardian ad Litem	Judge	Power of Attorney	Trustee
Bonding Agent/ Insurance Agent	Estate Sales	Guardian/Conservator Professional	Money Manager	Realtor	Other
Care Manager	Financial Planner	Home Care Provider	Paralegal	Rep. Payee	

Please check the regions you serve.

- ☐ **All of Minnesota**
- ☐ **Central:** Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena & Wright
- ☐ **Metro:** Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington
- ☐ **Northwest:** Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomon, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse & Wilkin
- ☐ **Northeast:** Aitkin, Carlton, Cook, Itasca, Koochiching, Lake & St. Louis
- ☐ **Southwest:** Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan & Yellow Medicine.
- ☐ **Southeast:** Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha & Winona
- ☐ **Out of State:** Please indicate which State

Individual Membership: \$95.00 prior to March 1/ \$110.00 beginning March 1

- ☐ **My information has changed.**
- ☐ **My information remains the same – no changes.**

Member Name: _____ (Voting Member)

Company Name: _____

Title: _____

Profession: 1. _____ 2. _____ 3. _____ 4. _____

Address: _____

Phone: _____ Email: _____ Website: _____

_____ I have read and agree to follow the Standards of the Minnesota Association for Guardianship & Conservatorship. The Standards of Practice are available on the MAGiC website at www.minnesotaguardianship.org

Signature: _____

Date: _____

**Photos are taken on occasion and used solely by MAGiC - Your photo may be used in a MAGiC publication and/or online.*

Minnesota Association for Guardianship & Conservatorship

Organizational Membership \$200.00 prior to March 1, \$225.00 beginning March 1

The Organizational Membership includes up to 3 associates. Each additional associate is \$50.00.

Professional Roles

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Care Manager	Financial Planner	Home Care Provider	Paralegal	Rep. Payee	

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- ☐ **Metro:** Anoka, Carver, Dakota, Hennepin, Ramsey, Scott & Washington
- ☐ **Northwest:** Becker, Beltrami, Clay, Clearwater, Douglas, Grant, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Otter Tail, Pennington, Polk, Pope, Red Lake, Roseau, Stevens, Traverse & Wilkin
- ☐ **Northeast:** Aitkin, Carlton, Cook, Itasca, Koochiching, Lake & St. Louis
- ☐ **Southwest:** Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac Qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone, Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan & Yellow Medicine.
- ☐ **Southeast:** Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha & Winona
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- ☐ **My information remains the same – no changes.**

Organization: _____

Member 1 Name: _____ (This member will be recognized by MAGiC as the Voting Member)

Title: _____

Professional Roles: 1. _____ 2. _____ 3. _____ 4. _____

Address: _____

Phone: _____ Email: _____ Website: _____

_____ I have read and agree to follow the Standards of the Minnesota Association for Guardianship & Conservatorship. The Standards of Practice are available on the MAGiC website at www.minnesotaguardianship.org

Signature: _____

Date: _____

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Member 2 Name: _____

Title: _____

Professional Roles: 1. _____ 2. _____ 3. _____ 4. _____

Address: _____

Phone: _____

Email: _____ Website: _____

Regions Serving: _____

_____ I have read and agree to follow the Standards of the Minnesota Association for Guardianship & Conservatorship. The Standards of Practice are available on the MAGiC website at www.minnesotaguardianship.org

Signature: _____

Date: _____

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- ☐ **My information has changed.**
- ☐ **My information remains the same – no changes.**

Member 3 Name _____

Title: _____

Professional Roles: 1. _____ 2. _____ 3. _____ 4. _____

Address: _____

Phone: _____

Email: _____ Website: _____

Regions Serving: _____

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Signature: _____

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