

**REQUEST FOR INCLUSION ON THE MGA RESOURCE LISTING**

Name \_\_\_\_\_

Agency (when applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Counties or Regions Served \_\_\_\_\_

Specialization (optional) \_\_\_\_\_

I request to be listed on the Michigan Guardianship Association Guardian Resource Listing which I understand will be posted on the MGA website. I am currently either a National Certified or National Master Guardian as issued by the Center for Guardianship Certification and will immediately notify MGA should my certification status change.

\_\_\_\_\_

Signature

Date