



# South Suburban Water Works Association

January 2023

Thank you for your continued support of our Association, celebrating our 67th Anniversary! The following is your 2023 Membership Application/Invoice Form. As in the past, you can choose an Individual or Group Membership as follows:

\_\_\_\_\_ Individual Memberships @ \$45.00 each = \$\_\_\_\_\_ Total Enclosed

Group Membership (Includes 4) @ \$135.00 + \$40.00 ea. Additional = \$\_\_\_\_\_ Total Enclosed

### **Vendors: Please see Ad Book Form for information on your Free Banner Ad**

Please be sure to fill out all information with check made payable to the South Suburban Water Works Association & remit before January 31st, 2023 to:

SSWWA Membership  
P.O. Box 150  
Calumet City, IL 60409

In the event that a formal invoice is required or if you have any questions, please contact Lynda at my office: lv@ccp1967.com

Thank you!  
Michael Giglio/Calumet City Plumbing  
mg@ccp1967.com  
SSWWA Membership Chair

IF NO CHANGES PLEASE MARK HERE: \_\_\_\_\_

CORRECTIONS/ADDITIONS:

MEMBER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MUNICIPALITY/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**\*\*\*E-MAIL ADDRESS REQUIRED\*\*\***

E-MAIL: \_\_\_\_\_ WEB PAGE: \_\_\_\_\_



# South Suburban Water Works Association

## ADDITIONAL MEMBERSHIPS

MEMBER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MUNICIPALITY/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEB PAGE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MUNICIPALITY/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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WEB PAGE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MUNICIPALITY/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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WEB PAGE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MUNICIPALITY/COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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