



South Suburban Water Works Association

January 2024

Thank you for your continued support of our Association, celebrating our 68th Anniversary! The following is your 2024 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, 2024 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 Velez at my office, 708-868-0074 Ext. 605 or via e-mail: 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: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

WEB PAGE: _____

MEMBER NAME: _____ TITLE: _____

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