January 2025

Thank you for your continued support of our Association, celebrating our 68th Anniversary! The following is your 2025 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 Association & remit before February 14 <sup>th</sup> , 2025 to:	the South Suburban Water Works
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 SSWWA Membership Chair	
New This Year- Water Operators Only: We hope to offer more AWWA Educational opportunities. This info will assist us. All License Info will be kept confidential.	
Please circle your Class: A B C D	
IF NO CHANGES PLEASE MARK HERE:	
CORRECTIONS/ADDITIONS:	
MEMBER NAME: TIT	LE:
MUNICIPALITY/COMPANY NAME:	
ADDRESS:	
	ZIP:
TELEPHONE: FAX:	
***E-MAIL ADDRESS REQUIRED***	
E-MAIL: WEB PAGE:	



## ADDITIONAL MEMBERSHIPS

Please circle your Class: A B C D

New This Year- Water Operators Only: We hope to offer more AWWA Educational opportunities. This info will assist us. All License Info will be kept confidential.

MEMBER NAME: \_\_\_\_\_\_TITLE: \_\_\_\_\_ MUNICIPALITY/COMPANY NAME: ADDRESS: CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ WEB PAGE: \_\_\_\_\_ Please circle your Class: A B C D MEMBER NAME: TITLE: MUNICIPALITY/COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_ ZIP: \_\_\_\_ TELEPHONE: \_\_\_\_\_FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_\_ WEB PAGE: Please circle your Class: A B C D MEMBER NAME: \_\_\_\_\_\_TITLE: \_\_\_\_\_ MUNICIPALITY/COMPANY NAME: ADDRESS: CITY: \_\_\_\_\_ STATE: \_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_\_FAX: \_\_\_\_\_

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

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