



**WILL COUNTY  
GOVERNMENTAL LEAGUE**

**SUPPORTING MEMBERSHIP FORM**

\_\_\_\_\_ Yes, my firm would like to become a WCGL Supporting Member. Enclosed is our check in the amount of **\$350.00**.

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Web site:** \_\_\_\_\_

**Business Description:** \_\_\_\_\_  
(i.e. engineering, consulting, financial, attorney, etc.)

\_\_\_\_\_  
Primary Member Name Title

**E-mail address:** \_\_\_\_\_

\_\_\_\_\_  
Secondary Member Name\* Title\*

**E-mail address:** \_\_\_\_\_

**\*If mailing information is different from primary member, please list below:**

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**RETURN TO:**  
**WILL COUNTY GOVERNMENTAL LEAGUE, 3180 THEODORE STREET, SUITE 101, JOLIET, IL 60435**  
**PHONE: 815-729-3535 FAX: 815-729-3536**