



Corporate MEMBERSHIP FORM

_____ Date

_____ Yes, my firm would like a WCGL Corporate Partner Membership: *(please make your selection below)*

_____ Diamond (\$10,000) _____ Platinum (\$7,500) _____ Gold (\$5,000) _____ Silver (\$3,500) _____ Bronze (\$2,000)

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 (optional) *Title*

E-mail address: _____

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

Name: _____ **Title:** _____

E-mail address: _____

Address: _____

City/State/Zip: _____

Telephone: _____ **Fax:** _____

_____ Enclosed is our check for membership.
_____ Attached is our credit card authorization form.



Will County Governmental League

15905 S. Frederick Street, Suite 107 Plainfield, IL 60586

Credit Card Authorization Form

Invoice: # _____ (if available)

Amount: \$ _____

Credit Card Information:

Type: Visa MasterCard Discover AMEX

Card#: _____

Exp Date: ____/____

CVV#: _____ (4 digit for AMEX, 3 digit for all others)

Name as it appears on the card: _____

Billing Zip Code: _____

*Cardholders Signature: _____

Date of Authorization: _____

*Cardholders Signature authorizes WCGL to charge only amount indicated on this form.

RETURN TO:

**WILL COUNTY GOVERNMENTAL LEAGUE
15905 S. FREDERICK STREET
SUITE 107
PLAINFIELD, IL 60586**

**PHONE: (815) 254-7700
E-MAIL: INFO@WCGL.ORG**