



WILL COUNTY
GOVERNMENTAL LEAGUE

Supporting MEMBERSHIP FORM

_____ Yes, my firm would like a WCGL Supporting Membership for \$550.00 _____ Date

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
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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