



APPLICATION FOR ASSOCIATE MEMBERSHIP

Alsip
 Beecher
 Blue Island
 Burnham
 Calumet City
 Calumet Park
 Chicago Heights
 Country Club Hills
 Crestwood
 Crete
 Dixmoor
 Dolton
 East Hazel Crest
 Flossmoor
 Ford Heights
 Glenwood
 Harvey
 Hazel Crest
 Homewood
 Lansing
 Lynwood
 Markham
 Matteson
 Midlothian
 Mokena
 Monee
 Oak Forest
 Olympia Fields
 Orland Hills
 Orland Park
 Park Forest
 Peotone
 Phoenix
 Posen
 Richton Park
 Riverdale
 Robbins
 Sauk Village
 South Chicago Heights
 South Holland
 Steger
 Thornton
 Tinley Park
 University Park
 Worth

Organization: _____

Address: _____

Phone: _____

Billing Contact Email _____

Web Address: _____

(A link to this address will be included on our web page www.ssmma.org.)

You may designate up to three individuals to receive information from the SSMMA as part of your Associate Membership. Please list those people below. If their addresses or phone numbers are different from your main listing, please note. Also, if the individuals have e-mail and web addresses, we would like to receive that information.

#1: Name _____

E-Mail _____

#2: Name _____

E-Mail _____

#3: Name _____

E-Mail _____

Associate Membership fee is \$500 per calendar year. Please return check payable to SSMMA and application att: Melissa Doud, 1904 W. 174th Street, East Hazel Crest, IL, 60429, melissa.doud@ssmma.org.

FOR SSMMA OFFICE USE ONLY:

Date payment received _____

Amount paid: _____

Check # _____

Entered: _____