



2015-2016 Corporate Partner Membership Form

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO THE ADDRESS BELOW.

Business Name: _____

Business Address: _____
Street

City

State

Zip

Business Phone: _(____)_____

Business Fax: _(____)_____

Email Address: _____

Web Address: _____

Contact Name: _____

Name of Person Enrolling Business

A link to your website will be placed on our web page after approval of the Executive Board.

FEES: \$75.00 (Make checks payable to IGSMA)

**Return to: Edward Jones
IGSMA Executive Secretary-Treasurer
2315 Hemlock St.
Joliet, IL 60435**