



Please remit paid Membership to:
 South West Suburban Philanthropic Network
 c/o United Way of Will County
 54 N. Ottawa Street, Suite 300 | Joliet, IL 60432
swspn.org

Membership Form:

New Member

Returning Member

Date:

1. SWSPN Member Information						
Name:						
Title:						
Email:				Phone:		
Organization:						
Address:						
City:			State:		Zip:	
Website:						
2. Select Level <i>Memberships and Sponsorships are annual and run on a calendar year.</i>						
<input type="checkbox"/> Individual Membership (\$50) <ul style="list-style-type: none"> One attendee per program Able to share events / job postings Access to recorded educational programs <input type="checkbox"/> Corporate Membership (\$125) <ul style="list-style-type: none"> As above, three attendees per program Additional attendees at \$25/year One monthly meeting sponsorship <input type="checkbox"/> Sponsorship (\$500) <ul style="list-style-type: none"> Five attendees per program Organization Name/Logo on SWSPN website with hyperlink Organization Name/Logo on all monthly e-blasts One dedicated e-blast to membership 5-minute speaker opportunity at one monthly membership program Opportunity to host membership program or networking event at place of business 						
3. Select payment type <i>Invoices sent upon request and will be emailed to contact listed above.</i>						
<input type="checkbox"/> Payment Enclosed/Mailed			<input type="checkbox"/> Send Invoice			
4. **Additional member contacts from my organization to receive SWSPN notices <i>All SWSPN announcements are sent via email.</i>						
Name:				Phone:		
Title:			Email:			
Name:				Phone:		
Title:			Email:			
Name:				Phone:		
Title:			Email:			
Name:				Phone:		
Title:			Email:			
5. Email completed form to membership@swspn.org and send copy with payment						