

Supporting Members
Membership Application Form
McHenry County Council of Governments

Company or Firm: _____
Primary Contact: _____
Title: _____
Phone number: _____
Fax number: _____
E-mail: _____
Address: _____
Number of employees in company or firm: _____
Primary business: _____

Preferred mode of communication to receive information regarding MCCG:

via e-mail
 via US Mail
 via fax

Please complete this form and enclose the dues amount applicable to your organization:

For organizations with:

1 to 10 employees: \$500

11 to 20 employees: \$750

21 or more employees: \$1,000

Please make check payable to the McHenry County Council of Governments and return to the McHenry County Council of Governments at 44 N. Virginia Street Suite 2A Crystal Lake, IL 60014. Thank you for your support of the MCCG.