

Senior Citizens Services Coordinating Council

2024 Annual Dues & Directory Form

Company/Organization Name: _____

Address: _____

City/ State/ Zip: _____

Phone: _____

Contact Person: _____

Title: _____

Email: _____

Website: _____

Description of Services : (400 characters max) ***

1) To join or remain a member in good standing, please fill out this form and send in your payment to Pat at the address below, or pay on PayPal to patriciakoko@hotmail.com from our website at www.SCSCCnetwork.com (There is a \$2 charge to pay on Paypal so submit \$32 if you pay via Paypal.) Please complete one form for each representative but both payments can be together. Checks payable to: SCSCC

\$30 for the first representative of your agency/organization. (\$32 if paying via Paypal.)

\$15 for the second representative.

Pat Koko
724 N Taylor Ave Oak Park, IL 60302

2) Fill in your Company/Organization Name at the top, then only fill out the parts you need updated. Email this completed form to cgenzler@forumfinancial.com for inclusion in our Membership Directory online.