

FOX LAKE PRESERVATION ORGANIZATION, INC.
MEMBERSHIP FORM
June 1, 2019 – May 31, 2020

Member(s) Name: _____

Address: _____

City _____ State _____ Zip _____

Lake Address (if different from above) _____

Email: _____ Phone: _____

Amount Enclosed:

___ **\$40.00 Membership***

___ **\$ Donation***

___ **\$40.00 Single Business Ad**

___ **\$80.00 Double Business Ad**

___ **\$ Total Submitted**

___ *I wish to receive Fox Lake E-News of pertinent events that affect Fox Lake.*

___ *I wish to receive the Fox Lake Tides (FLPO newsletter) electronically.*

Make checks payable to FLPO.

MAIL TO: FLPO, PO Box 32, Fox Lake, WI 53933

***Tax-deductible!**