

FOX LAKE PRESERVATION ORGANIZATION, INC.  
MEMBERSHIP FORM  
June 1, 2020 – May 31, 2021

Member(s) Name: \_\_\_\_\_

Mailing 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!**