

**FOX LAKE PRESERVATION ORGANIZATION, INC.**

**MEMBERSHIP FORM**

**JUNE 1, 2021 - MAY 31, 2022**

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

**MAILING** Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Lake Address (if different from above) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**We will send all newsletters & e-news electronically if we have a valid email address.**

**I wish to receive newsletters via mail. Please circle YES or NO.**

**Amount Enclosed:**

\_\_\_ **\$40.00 Membership\***

\_\_\_ **\$ Donation\***

\_\_\_ **\$40.00 Single Business Ad**

\_\_\_ **\$80.00 Double Business Ad**

\_\_\_ **\$ Total Submitted**

**Make checks payable to FLPO.**

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

**\*Tax-deductible!**