

FOAL MEMBERSHIP FORM

Dues \$25_____Tax Deductible Donation_____Total_____

Name(s)_____

Address_____

City, State, Zip _____

Lake Address_____

Phone_____Lake Phone_____

Email_____

I will help with_____

_____My information may be distributed on FOAL Lake List

_____Please send email instead of paper copy

Please make checks payable to FOAL and send to PO Box 31
Presque Isle, WI 54557