

FRIENDS OF



LAKE WAPELLO

MEMBERSHIP FORM

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

MEMBERSHIP RATES

Please Check One

- SINGLE \$ 5.00
- FAMILY \$10.00
- BUSINESS \$25.00

Send Your Payment to:

FRIENDS OF LAKE WAPELLO
P.O. Box 214
Bloomfield, IA 52537

Payment Method _____

WEBSITE

www.lakewapello.org

EMAIL

friendsoflakewapello@yahoo.com



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