

Membership Form
Friends of Lake Wapello

Name: _____

Address: _____

City: _____ **Zip:** _____

Phone: _____

E-mail: _____

Today's Date: _____

Membership Rates:

Single \$5.00

Family \$10.00

Business \$25.00

Mail To:

Friends of Lake Wapello State Park
P.O. Box 214
Bloomfield, IA 52537

Find us on Facebook

<http://www.facebook.com/pages/Friends-of-Lake-Wapello>

Paid _____ Check # _____