

**Friends of the Turtle Lake Public Library
Membership Form**

Please print off form, complete and mail to the address listed below.

Type of Membership:

_____ **Student - \$10** _____ **Individual - \$20**

_____ **Family - \$30** _____ **Business - \$50**

_____ **Non-Profit Organization - \$40**

_____ **Lifetime Individual - \$100** _____ **Lifetime Business - \$200**

Name: _____

Address: _____

Phone: _____ **Email:** _____

Amount Enclosed: _____

**Make Checks Payable to
Friends of TL Public Library (FTLPL)
Mail to:
Friends of the TL Public Library
P.O. Box 84
Turtle Lake, WI 54889**