



Let's Be Friends!

Walter Olson Library Friends (W.O.L.F.) Membership Form

YES! I want to be a W.O.L.F.

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Annual dues are \$10 per member.

Please make checks payable to: **Walter E. Olson Memorial Library Foundation - Friends**

Forms and dues may be returned to the Library or mailed to:

**W.O.L.F. c/o Jan Christofferson
P.O. Box 1925
Eagle River, WI 54521**

In addition to my membership, I would like to donate \$_____ to W.O.L.F.

Please contact me to help with:

- Book Sales
- Newsletter
- Library Advocacy
- Programs