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