
Wood Lake Battlefield Preservation Association Membership Form

Name: _____ Phone: _____

Address: _____

City/State/Zip: _____

E-Mail Address: _____

Lifetime Membership Donation: \$10.00

Student Membership Donation: \$ 5.00

Make Checks payable to: WLBPA



**Mail Membership Form and Check to:
WLBPA
4210 57th Street, NW
Rochester, Minnesota 55901**
