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Circle your Federation: (CI, EC, NE, QC, SE, SW, SL, TS)

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Name _____

Address _____

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Phone: _____ Email _____

Starting Month _____ Ending Month _____

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Address _____

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Send This form with along your check for \$15.00 payable to: **IA STATE FEDERATION** to the State Subscription Managers
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(Last Updated March 2020)

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