



# Iowa Farm to School Program Chapter Members



Chapter Name: \_\_\_\_\_

Members (please type or print)

Chapter Representative
Name: _____
Address: _____
Address: _____
City: _____ State: ___ Zip: _____
E-mail: _____
Phone: _____ Fax: _____
County: _____
Schools involved: _____
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Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
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 E-mail: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Role/Professional affiliation (ie. Banker, grower, teacher) \_\_\_\_\_

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**OVER**

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