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| To: U.S.D.A. National Insurance Coordinator  P.O. Box 22  Tucker, GA30085-0022 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| From | | | Name of Federation | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Association | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Insurance Chairman | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address of Insurance Chairman | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | City |  | | | | | | | State | |  | | Zip | |  |
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|  | | | Club Name | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Numbers of Members | | | | | | | | |  | | | |
| Mailing Address | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | |  | | | | | | | | | | | | | | | | | | | | ST | | | |  | | | | | | | | | Zip | | |  | | | | | | | | | | |
| Club Contact Info: | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | Email |  | | | | | | | | | | | | | | | | | |
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| **IMPORTANT - PLEASE PRINT OR TYPE - SEND THIS FORM IN TRIPLICATE TO YOUR INSURANCE CHAIRMAN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Four (4) Copies of this Form – 1- for Club, 1- Affiliate Insurance Chairman, and 2 – for USDA Insurance Chairman | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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