

2009 Iowa POA Club Membership Form

Name: _____

Address: _____ City: _____

State/Zip+4: _____ Email: _____

Phone: _____ Cell (Optional): _____

Children's Names Birthdates

Send To:

Kim Doehrmann
P.O. Box 269
Williamsburg, IA 52361

Before May 1st - \$35.00

After May 1st - \$40.00