## 2024 FARM BUREAU WOMEN'S MEMBER LIST

| Name of County          |       |  |
|-------------------------|-------|--|
| Chairman's Name:        |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  |       |  |
| Membership Number:      |       |  |
| Vice Chairman's Name:   |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  |       |  |
| Membership Number:      |       |  |
| AITC Chairman's Name:   |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
|                         | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |

PLEASE RETURN BY DECEMBER 15, 2023:
Kristy Chastine, Special Programs Division
Tennessee Farm Bureau Federation
P.O. Box 313

Columbia, TN 38402-0313

Email: scopeland@tfbf.com

Fax: (931) 840-8699

| Name of County          |       |  |
|-------------------------|-------|--|
| Page 2                  |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
| Address/City/State/Zip: |       |  |
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| Membership Number:      |       |  |
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| Address/City/State/Zip: |       |  |
| Email:                  | Cell: |  |
| Membership Number:      |       |  |
| Member's Name:          |       |  |
| Spouse's Name:          |       |  |
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| Email:                  | Cell: |  |
| Membership Number:      |       |  |
|                         |       |  |
|                         |       |  |
|                         |       |  |

PLEASE RETURN BY DECEMBER 15, 2023:
Kristy Chastine, Special Programs Division

SIGNED:

Tennessee Farm Bureau Federation

P.O. Box 313

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