



## ***Magic Valley Iris Society***

**MEMBERSHIP APPLICATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZipCode: \_\_\_\_\_ Facebook: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please return your membership application, along with a check for \$10.00 made payable to:  
**MAGIC VALLEY IRIS SOCIETY**  
c/o 1750 8th Ave. East  
Twin Falls, ID 83301



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