Annual Local Affiliation Form

Membership Year:_____

Local Name: _____

****President:***_____

Mailing Address:_____

_____

Phone #: _____***Email:***_____

****Vice-President:***_____

Mailing Address:_____

_____

Phone #: _____***Email:***_____

****Secretary:***_____

Mailing Address:_____

_____

Phone #: _____***Email:***_____

****Treasurer:***_____

Mailing Address:_____

_____

Phone #: _____***Email:***_____

Please mail this form with your $50 check made payable to
Montana CattleWomen
P.O. Box 184
Townsend, MT 59644
montanacattlewomen@gmail.com