



STOCKMEN'S MEMORIAL FOUNDATION

SMF Membership Form

Please record me as a member of the Stockmen's Memorial Foundation. I have included a cheque or money order for \$25.00 per person, made out to the Stockmen's Memorial Foundation, 101 RancheHouse Rd, Cochrane, AB T4C 2K8

NEW

RENEWAL

NAME _____ RANCH _____

MAILING ADDRESS _____

PROV. _____ POSTAL CODE _____

PHONE NUMBER _____ SIGNATURE _____