



# 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, PO Box 459, Cochrane, Alberta, T4C 1B4

NEW

RENEWAL

NAME \_\_\_\_\_ RANCH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PROV. \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SIGNATURE \_\_\_\_\_