



**Annual Local Affiliation Information 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 submit this form to the MCW office or email to [lorrie@mtbeef.org](mailto:lorrie@mtbeef.org).

Montana CattleWomen, Inc.  
420 N California St.  
Helena, MT 59601

Thank you!