



(Please Print Grange Name)

(Please Print Your Full Name)

Signature: _____ Date Signed: _____

Application fee \$ 0 (must accompany application)

Annual Dues \$ 30

Recommended by 1: _____ 2: _____

This Section must be completed by Applicant			
Street Address:		City	State Zip Code
Date of Birth:	Phone Number ()	Email Address	
Occupation (if retired, please list occupation you retired from)			Retired? [] Yes [] No

This Section for use by Subordinate Secretary Only			
Application Received On:		Application Voted On:	
Application Fee Received On:		Amount of App Fee Rcv'd:	
Dues Received On:		Amount of Dues Rcv'd:	
Type of Membership:		Gained By:	
<input type="checkbox"/> Fraternal <input type="checkbox"/> Affiliate		<input type="checkbox"/> Application <input type="checkbox"/> Demit	
Reported to State Grange:		If gain be Demit or if Affiliate, list home Grange	
<input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 of 20____			

This Section for use by State Secretary Only		
Application Received On:	Enrolled On This Date:	Member Number Assigned: