

# Family Application for Grange Membership



To the officers and members of \_\_\_\_\_ Grange No. \_\_\_\_\_

We the \_\_\_\_\_ family respectfully petition to be initiated and enrolled  
(Please Print Your Family Name)

as a member in your Grange. In presenting this application, We are influenced by no motive other than a desire to unite with others in elevating and advancing the interest of my community through the principles of the Grange and receiving in return such benefits and advantages as may accrue to all who belong to the Grange. We promise a faithful compliance with the By-Laws of this Grange, the By-Laws of the State Grange of California and the Constitution and By-Laws of the National Grange. We have not applied for and been rejected for membership in any other Grange within the past six months.

Application fee \$ \_\_\_\_\_ (must accompany application)      Family Annual Dues \$ \_\_\_\_\_

Recommended by 1: \_\_\_\_\_ 2: \_\_\_\_\_

This Section to be completed for each person applying for membership					
#	Full Name (Print)	Date of Birth	Sex	Signature of Applicant	
1					
2					
3					
4					
5					
6					
List Occupations for each person above					
1		3		5	
2		4		6	
Street Address:			Email Address (Print)		
City	State	Zip Code	Phone Number		
This Section for use by Grange Secretary Only					
Application Received On: (MM/DD/YY)		Application Voted On: (MM/DD/YY)		Applicant Obligated On: (MM/DD/YY)	
App Fee Received On:	Amount of App Fee Rcv'd:	Dues Received On:	Amount of Dues Rcv'd:		
	\$		\$		
Type of Membership:	If Affiliate, list home Grange		Reported to State Grange:		
<input type="checkbox"/> Fraternal <input type="checkbox"/> Affiliate			<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 (Member Numbers Assigned)					
Family Membership # Assigned	#1	#3	#5		
	#2	#4	#6		