MISSION STATEMENT

Since 1873 the mission of the California State Grange has been to serve, steward, and teach the virtues of the land to our children and community. We maintain our commitment to grassroots advocacy, supporting farmland preservation, farm development, community service, sustainable and regenerative agriculture, and the consumer’s role in the food production system.

COMMUNITY ENGAGEMENT

► Opportunities to work within the community in numerous ways.
► Setting goals to achieve success.
► Grass roots advocacy programs that engage all members.
► Volunteer in Communities.

JOINING IS EASY!

► Complete the membership application.
► You must be older than 13 years, 6 months, years of age.
► Attach application fee with the application.
► Attend at least one meeting to be inducted into the Grange.
► So.... what are you waiting for? Join Now!!

MEMBERSHIP APPLICATION

For additional information visit the California State Grange website at www.CAStateGrange.org. Your local Grange can be reached using the contact information below.

Contact Us...
(916)454-5805
www.CAStateGrange.org

IS THE GRANGE FOR YOU?
Application for Individual Subordinate Grange Membership

To the officers and members of __________________________ Grange No. ______

I ______________________________________ respectfully petition to be initiated and enrolled as a member in your Grange. In presenting this application, I am 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. I 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. I have not applied for and been rejected for membership in any other Grange within the past six months.

Signature ______________________________________________     Date Signed__________

Application Fee $ __________(must accompany application)                     Annual Dues $ ______

Recommended By  1. _____________________________  2. ___________________________

This section must be completed by the Applicant (Please Print)

Street Address City State Zip Code

Date of Birth Phone Number Email Address

Sex Occupation / If retired, list most recent. If farming, list commodities. Retired
[ ] Male [ ] Female [ ] Yes [ ] No

This section must be completed by the Subordinate Secretary Only

Application Received On Application Voted On Applicant Notified to Appear Applicant Obligated On

Application Fee Received On Amount of Application Fee Received Dues Received On Amount of Dues Received

Type of Membership Gained by: If Gained by Demit or Affiliate list home Grange
[ ] Fraternal [ ] Affiliate [ ] Applicant [ ] Demit

Reported to State Grange
[ ] Q1 [ ] Q2 [ ] Q3 [ ] Q4 20____

Instructions: Mail original application to State Grange with the quarterly report.

This section for use by State Grange Secretary Only

Application Received On Enrolled On this date Member # Assigned