



# Application for Associate Grange Membership

To the officers and members of \_\_\_\_\_ Grange No. \_\_\_\_\_  
(Please Print Grange Name)

I \_\_\_\_\_ respectfully petition to be initiated and enrolled as  
(Please Print Your Full Name)

an associate member in your Grange. In presenting this application, I am influenced by no motive other than a desire to support the principles of the Grange, its role in my community and state and receiving in return such benefits and advantages as may accrue to all who are Associate members in the Grange. I promise a faithful compliance with the Laws of this Grange, the State Grange of California and 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 Applicant			
Street Address:		City	State Zip Code
Date of Birth:	Phone Number ( )	Email Address	
Occupation (if retired, please list occupation you retired from)			Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No

This Section for use by Subordinate Secretary Only			
Application Received On:		Application Voted On:	Applicant Notified On:
Application Fee Received On:	Amount of App Fee Rcv'd: \$	Dues Received On:	Amount of Dues Rcv'd: \$
Type of Membership: Associate	Gained By: Application	Reported to State 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: