



# Application for Family Subordinate Grange Membership

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

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)      Annual Dues \$ \_\_\_\_\_

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

This Section must be completed by the Family applying for membership				
#	Full Name (Print)	Date of Birth	Occupation	Signature
1				
2				
3				
4				
5				
6				
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 Obligated On:	
Application Fee Received On:		Amount of App Fee Rcv'd: \$	Dues Received On:		Amount of Dues Rcv'd: \$
Type of Membership: <input type="checkbox"/> Fraternal <input type="checkbox"/> Affiliate		Gained By: <input type="checkbox"/> Application <input type="checkbox"/> Demit		If gain be Demit or if Affiliate, list home Grange	
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: