



Part 3 - Member Changes

CSG Rcv'd:

Grange Name:	Grange Number:	Year:	Quarter:
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Change # 1	Member Number:	Name (As shown on State Grange Records):		Change Name To:								
	New Street Address:		New City:		State:	Zip Code:	Date of Joined:					
	Phone #:	Email:		Date of Birth:		Subscription:		Privacy:				
							Yes	No	Yes	No		
Occupation:			Retired:		Change to Membership Type To:							
			Yes	No	Fraternal (Individual)		Gold Sheaf		Family Plan		Affiliate	

Change # 2	Member Number:	Name (As shown on State Grange Records):		Change Name To:								
	New Street Address:		New City:		State:	Zip Code:	Date of Joined:					
	Phone #:	Email:		Date of Birth:		Subscription:		Privacy:				
							Yes	No	Yes	No		
Occupation:			Retired:		Change to Membership Type To:							
			Yes	No	Fraternal (Individual)		Gold Sheaf		Family Plan		Affiliate	

Change # 3	Member Number:	Name (As shown on State Grange Records):		Change Name To:								
	New Street Address:		New City:		State:	Zip Code:	Date of Joined:					
	Phone #:	Email:		Date of Birth:		Subscription:		Privacy:				
							Yes	No	Yes	No		
Occupation:			Retired:		Change to Membership Type To:							
			Yes	No	Fraternal (Individual)		Gold Sheaf		Family Plan		Affiliate	

Change # 4	Member Number:	Name (As shown on State Grange Records):		Change Name To:								
	New Street Address:		New City:		State:	Zip Code:	Date of Joined:					
	Phone #:	Email:		Date of Birth:		Subscription:		Privacy:				
							Yes	No	Yes	No		
Occupation:			Retired:		Change to Membership Type To:							
			Yes	No	Fraternal (Individual)		Gold Sheaf		Family Plan		Affiliate	

Change # 5	Member Number:	Name (As shown on State Grange Records):		Change Name To:								
	New Street Address:		New City:		State:	Zip Code:	Date of Joined:					
	Phone #:	Email:		Date of Birth:		Subscription:		Privacy:				
							Yes	No	Yes	No		
Occupation:			Retired:		Change to Membership Type To:							
			Yes	No	Fraternal (Individual)		Gold Sheaf		Family Plan		Affiliate	