

GRANGE MEMBERSHIP RECOGNITION APPLICATION

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STATE AWARDS FOR 30, 35, 40, 45 YEAR OF MEMBERSHIP

This certifies that the members listed below are members of _____ Grange number _____ in the County of _____ in the State of _____ and have been continuous members entitled to official recognition.

PLEASE PRINT CLEARLY OR TYPE. CHECK OTHER SIDE OF THIS APPLICATION FOR ANY FEES THAT MAY APPLY.

Member's Name†	Address	Grange Name and Number	Month/Year Joined	Month/Year Demitted

†PRINT NAMES EXACTLY AS THEY WILL APPEAR ON THE AWARD

*eg. 50, 75-Year Seal, Cert

I certify the foregoing is a correct statement of membership _____ Secretary (Subordinate)

Date: _____

Mail Membership Recognition to: (please print or type)

Seal of
Subordinate Grange

Seal of State Grange

Signed: _____, Secretary (State)

Date: _____

Recognition Requested*

ificates, etc.