

# APPLICATION FOR CERTIFICATE OF NON-CONSECUTIVE MEMBERSHIP

This certifies that \_\_\_\_\_ is a member  
of \_\_\_\_\_ Grange, Number \_\_\_\_\_  
in the County of \_\_\_\_\_, State of \_\_\_\_\_  
has been a member of the Order of Patrons of Husbandry for a minimum of 25 years.

Member's Address \_\_\_\_\_

Document the entire membership on the lines below (must be a total of at least 25 years).

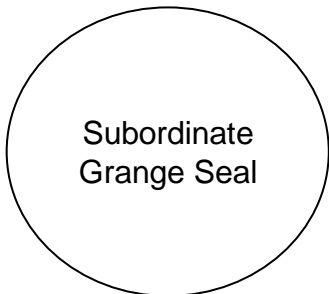
<u>Grange Name and Number</u>	<u>State</u>	<u>Date Joined</u>	<u>Date Demitted*</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(\* or whatever way the membership terminated)

**Total Number of Years** \_\_\_\_\_

I certify that the foregoing is a correct statement of membership in the Grange.



\_\_\_\_\_  
Signature of Subordinate Secretary

\_\_\_\_\_  
Name of Subordinate Secretary (print or type)

\_\_\_\_\_  
Mailing Address of Subordinate Secretary

\_\_\_\_\_  
City, State & Zip