

GRANGE MEMBERSHIP RECOGNITION APPLICATION

50 YEAR (GOLDEN SHEAF) or 75 YEAR (DIAMOND CERTIFICATE), 80 YEAR or 85 YEAR SPECIAL LETTERS

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, City, State and Zip	Grange Name and Number	Month/Year Joined	Month/Year Demitted	Recognition Requested*

†PRINT NAMES EXACTLY AS THEY WILL APPEAR ON THE AWARD

* eg. 50 or 75 Year Certificate, 80 Year Letter

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

Mail Membership Recognition to: (please print or type)

Date: _____

(Name) (Title)

(Street/Route)

(City) (State) (Zip)

State Secretary Signature _____

Date: _____

