

**SUBORDINATE GRANGE
APPLICATION FOR REINSTATEMENT**

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____ Occupation: _____

I hereby apply for reinstatement as a member of _____ Subordinate Grange
Number _____. I was a member of _____ Subordinate Grange Number
_____ in the County of _____, State of _____ during the dates
_____ through _____. I understand that my membership is subject to the Bylaws of this
Grange and the Constitution and Bylaws of the State and National Granges.

Signature of Applicant: _____ Date: _____

Application Fee \$ _____

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