

**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 _____

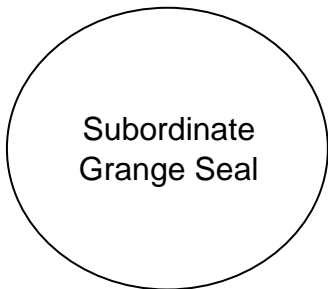
Document the entire membership on the lines below (must be a total of at least 25 years).

<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