

GRANGE MEMBERSHIP RECOGNITION APPLICATION

GOLDEN SHEAF or DIAMOND CERTIFICATE, 80 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: _____

