

GRANGE MEMBERSHIP RECOGNITION APPLICATION

25 YEAR SILVER STAR CERTIFICATE , 55, 60, 65 or 70 YEAR SEALS

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. 25 Year Certificate, 55 Year Seal

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)

