

**POMONA GRANGE
APPLICATION FOR MEMBERSHIP**

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____ Occupation: _____

I, a member of _____ Subordinate Grange Number _____, apply for membership in _____ Pomona Grange Number _____. I understand that my membership is subject to the Bylaws of this Pomona Grange and the Constitution and Bylaws of the State and National Granges.

Signature of Applicant: _____ Date: _____

Initiation Fee \$ _____

I certify that the above applicant is a member in good standing as stated above.

Signature of Subordinate Master or Secretary

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