

**POMONA GRANGE
APPLICATION FOR REINSTATEMENT**

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____ Occupation: _____

I, a member of _____ Subordinate Grange Number _____, apply for
reinstatement of membership in _____ Pomona Grange Number _____. I
was a member of _____ Pomona Grange Number _____ in the County of
_____, State of _____ during the dates _____ through _____.
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: _____

Application Fee \$ _____

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