

**SUBORDINATE GRANGE  
APPLICATION FOR REINSTATEMENT**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

I hereby apply for reinstatement as a member of \_\_\_\_\_ Subordinate Grange  
Number \_\_\_\_\_. I was a member of \_\_\_\_\_ Subordinate Grange Number  
\_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_ during the dates  
\_\_\_\_\_ through \_\_\_\_\_. I understand that my membership is subject to the Bylaws of this  
Grange and the Constitution and Bylaws of the State and National Granges.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee \$ \_\_\_\_\_

**SUBORDINATE GRANGE  
APPLICATION FOR REINSTATEMENT**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

I hereby apply for reinstatement as a member of \_\_\_\_\_ Subordinate Grange  
Number \_\_\_\_\_. I was a member of \_\_\_\_\_ Subordinate Grange Number  
\_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_ during the dates  
\_\_\_\_\_ through \_\_\_\_\_. I understand that my membership is subject to the Bylaws of this  
Grange and the Constitution and Bylaws of the State and National Granges.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee \$ \_\_\_\_\_