

MASSACHUSETTS STATE GRANGE

QUARTERLY REPORT OF

SUBORDINATE GRANGE NO. _____

FOR THE QUARTER ENDING

,20

This report is due at the end of each quarter: March 31, June 30, September 30, December 31. Send the report no later than 5 days after the close of the quarter. Forward the WHITE copy to the State Secretary and retain the YELLOW copy for your records.

	A	B	C	D	E	F	G	H	I	J	K	L
	Total at the Beginning of the quarter	Gain by Demit	Gain by Reinstatement	Gain by Initiation/Application	Sub Total (Columns A + B + C + D)	Lost by Demit	Lost by Suspension	Lost by Death	Lost by Withdrawal	Sub Total (Columns E - F - G - H - I)	Change in Type for a Member	Total at End of quarter (Columns J + K)

Individual Membership (do not include people that are part of a family membership)

1. No. of Non Golden Sheaf Individual Members												
2. No. of Golden Sheaf Individual Members (before 1/1/2001)												
3. No. of Golden Sheaf Individual Members (after 12/31/2000)												

Family Membership

4. No. Family Memberships												
5. No. of Individuals in Family Memberships												

Affiliate Membership

6. No. of Non Golden Sheaf Affiliate Members												
7. No. of Golden Sheaf Affiliate Members (before 1/1/2001)												
8. No. of Golden Sheaf Affiliate Members (after 12/31/2000)												

Associate Membership

9. No. of Associate Members												
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Dues Payment

10. Add Column A Row 1, 3 & 9 =	<input type="text"/>	x \$6.25 =	<input type="text"/>
11. Column A Row 4 =	<input type="text"/>	x \$12.50 =	<input type="text"/>
12. Add Column A Row 6 & 8 =	<input type="text"/>	x \$3.00 =	<input type="text"/>
13. Add Column D Row 1 & 4 =	<input type="text"/>	x \$1.00 =	<input type="text"/>
14. Add the dollar amounts on Lines 10, 11, 12 & 13	<input type="text"/>		

Master's signature: _____

Secretary's signature: _____
 If the Secretary has changed or moved, please provide the new address:

Line 14 is the total Dues owed. Send a check payable to the Massachusetts State Grange for the amount shown on line 14 with this report. Mail this report to the State Secretary.

Date Report was completed: _____

Member Changes (complete the information below for each membership change during the quarter)

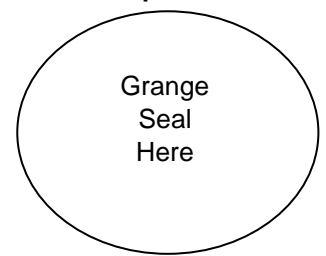
Type of Change:

- GI - gained by initiation or application
- GD - gained by demit
- GR - gained by reinstatement
- ADC - address change
- LD - loss by demit
- LS - loss by suspension
- LDTH - loss by death
- LW - loss by withdrawal

Attach another sheet of paper if additional space is needed.

Member Type:

- AF - Affiliate
- AS - Associate
- FAM - Family
- I - Individual non Golden Sheaf
- GSA - Golden Sheaf before 1/1/2001
- GSB - Golden Sheaf after 12/31/2000



	Type of Change (see above)	Members Name & Address	Member Type (see above)	Date of Change
1.				
2.				
3.				
4.				
5.				
6.				