GRANGE MEMBERSHIP RECOGNITION APPLICATION

GOLDEN SHEAF, DIAMOND CERTIFICATE, SPECIAL LETTERS

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 offical recognition.

PLEASE PRINT CLEARLY OR TYPE. CHECK OTHER SIDE OF THIS APPLICATION FOR ANY FEES THAT MAY APPLY.

Member's Name†	Address	Grange Name and Number	Month/Year Joined	Month/Year Demitted
PRINT NAMES EXACTLY AS THE	Y WILL APPEAR ON THE AWARD		*eg. 50, 75-	Year Seal, Cert

I certify the foregoing is a correct statement of membership ______ Secretary (Subordinate)

Date:_____

Mail Membership Recognition to: (please print or type)

Seal of

Subordinate Grange

Seal of State Grange

Signed: _____, Secretary (State)

Date: _____


