



# Application for Affiliate Subordinate Grange Membership

(Please Print)

To the officers and members of \_\_\_\_\_ Grange No. \_\_\_\_\_  
 I \_\_\_\_\_ respectfully petition to be initiated and  
 enrolled as an affiliate member in your Grange. I am currently a member in good standing  
 of the \_\_\_\_\_ Grange No. \_\_\_\_\_, in the State of \_\_\_\_\_.  
 I promise a faithful compliance with the By-Laws of your Grange, the By-Laws of the State  
 Grange and the Constitution and By-Laws of the National Grange. In accordance with the  
 National Grange By-Laws, I have attached proof of my current membership in good standing  
 in the Grange\*.

\* Attach copy of current dues card or paid dues receipt, as proof of current membership.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Application fee \$ \_\_\_\_\_ (must accompany application) Annual Dues \$ \_\_\_\_\_

Recommended by 1: \_\_\_\_\_ 2: \_\_\_\_\_

This Section must be completed by Applicant			
Street Address:		City	State
			Zip Code
Date of Birth:	Phone Number ( )	Email Address	
Occupation (if retired, please list occupation you retired from)			Retired? [ ] Yes [ ] No

This Section for use by Subordinate Secretary Only			
Application Received On:		Application Voted On:	Applicant Obligated On:
Application Fee Received On:	Amount of App Fee Rcv'd: \$	Dues Received On:	Amount of Dues Rcv'd: \$
Type of Membership: [x] Affiliate	Gained By: [x] Application	List home Grange, Grange No. and State	
Date originally joined Grange, if known		Reported to State Grange: [ ] Q1 [ ] Q2 [ ] Q3 [ ] Q4 of 20____	

This Section for use by State Secretary Only		
Application Received On:	Enrolled On This Date:	Member Number Assigned: