



Part 2 Members Gained

Rev'd CSG

Grange:

Grange No.

Year:

Quarter:

Member Gained #1	Name: (Last, First, MI)				Date of Birth:		Date of Joined:		Subscription: Yes No		Privacy: Yes No								
	Street Address:				Occupation:				Retired: Yes No		Sex: Male Female								
	City, State, Zip				Phone No:				Email:										
	Gained By: (Check which applied)						Type Member: (Check which applied)												
	Application		Demit		Reinstatement		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family
Member Gained #2	Name: (Last, First, MI)				Date of Birth:		Date of Joined:		Subscription: Yes No		Privacy: Yes No								
	Street Address:				Occupation:				Retired: Yes No		Sex: Male Female								
	City, State, Zip				Phone No:				Email:										
	Gained By: (Check which applied)						Type Member: (Check which applied)												
	Application		Demit		Reinstatement		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family
Member Gained #3	Name: (Last, First, MI)				Date of Birth:		Date of Joined:		Subscription: Yes No		Privacy: Yes No								
	Street Address:				Occupation:				Retired: Yes No		Sex: Male Female								
	City, State, Zip				Phone No:				Email:										
	Gained By: (Check which applied)						Type Member: (Check which applied)												
	Application		Demit		Reinstatement		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family
Member Gained #4	Name: (Last, First, MI)				Date of Birth:		Date of Joined:		Subscription: Yes No		Privacy: Yes No								
	Street Address:				Occupation:				Retired: Yes No		Sex: Male Female								
	City, State, Zip				Phone No:				Email:										
	Gained By: (Check which applied)						Type Member: (Check which applied)												
	Application		Demit		Reinstatement		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family
Member Gained #5	Name: (Last, First, MI)				Date of Birth:		Date of Joined:		Subscription: Yes No		Privacy: Yes No								
	Street Address:				Occupation:				Retired: Yes No		Sex: Male Female								
	City, State, Zip				Phone No:				Email:										
	Gained By: (Check which applied)						Type Member: (Check which applied)												
	Application		Demit		Reinstatement		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family

Instructions:

QR_2016_P2V2.xlsx

Attach to Part 1 of Quarterly Report. If more than 5 new members, attach additional sheets as necessary. Attach copies of membership applications to this form.