

		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_2019_Pg2.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.

Page ____ of ____