



Part 3 - Member Changes

CSG Rcv'd:

Grange Name:

Grange Number:

Year:

Quarter:

Change # 1

Member Number:	Name (As shown on State Grange Records):		Change Name To:					
New Street Address:		New City:		State:	Zip Code:	Date of Joined:		
Phone #:	Email:	Date of Birth:		Subscription:		Privacy:		
				Yes	No	Yes	No	
Occupation:		Retired:		Change to Membership Type To:				
		Yes	No	Fraternal (Individual)		Gold Sheaf	Family Plan	Affiliate

Change # 2

Member Number:	Name (As shown on State Grange Records):		Change Name To:					
New Street Address:		New City:		State:	Zip Code:	Date of Joined:		
Phone #:	Email:	Date of Birth:		Subscription:		Privacy:		
				Yes	No	Yes	No	
Occupation:		Retired:		Change to Membership Type To:				
		Yes	No	Fraternal (Individual)		Gold Sheaf	Family Plan	Affiliate

Change # 3

Member Number:	Name (As shown on State Grange Records):		Change Name To:					
New Street Address:		New City:		State:	Zip Code:	Date of Joined:		
Phone #:	Email:	Date of Birth:		Subscription:		Privacy:		
				Yes	No	Yes	No	
Occupation:		Retired:		Change to Membership Type To:				
		Yes	No	Fraternal (Individual)		Gold Sheaf	Family Plan	Affiliate

Change # 4

Member Number:	Name (As shown on State Grange Records):		Change Name To:					
New Street Address:		New City:		State:	Zip Code:	Date of Joined:		
Phone #:	Email:	Date of Birth:		Subscription:		Privacy:		
				Yes	No	Yes	No	
Occupation:		Retired:		Change to Membership Type To:				
		Yes	No	Fraternal (Individual)		Gold Sheaf	Family Plan	Affiliate

Change # 5

Member Number:	Name (As shown on State Grange Records):		Change Name To:					
New Street Address:		New City:		State:	Zip Code:	Date of Joined:		
Phone #:	Email:	Date of Birth:		Subscription:		Privacy:		
				Yes	No	Yes	No	
Occupation:		Retired:		Change to Membership Type To:				
		Yes	No	Fraternal (Individual)		Gold Sheaf	Family Plan	Affiliate

Attach additional pages if necessary

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