	L	Part 1 - Quarterly Report to the California State Grange													
	Grange Nar	Grange Name:									Year:				
@ · D	Name of Se	Name of Secretary:								ry: ck if this is a recretary.	Quarter:				
GRANGE Mailing Address:			ess:							City State Zip:					
Email Addess:									Phone No.						
Section 1 - Per	•	ax													
Туре	Balance Forward	+	Gains	-	Losses	=	Ending Balance	Χ	Pe	r Capita	=	Subtotal			
1. Fraternal		+		-		=		Χ	\$	7.50	=				
2. Golden Sheaf (b)		+		-		=									
3. Golden Sheaf (a)		+		-		=		Χ	\$	3.50	=				
4. Famlies		+		-		=		Χ	\$	15.00	=				
5. Family Mbrs		+		-		=									
6. Juniors (1+)		+		-		=									
7. Associate		+		-		=		Х	\$	6.00	=				
8. Total Section 1											=				
Section 2 - App	lication F	ees													
Type of Application					Number Gained			Х		Fee	=	Subtotal			
9. Fraternal and Affiliate members gained by applica				ation				Χ	\$	2.50	=				
10. Families gained by application								Χ	\$	5.00	=				
11. Associate members gained by application								Χ	\$	5.00	=				
12. Total Section 2											=				
Section 3 - Sun	nmary														
Certification: By signing or typing my name below, I am certifying that this quarterly report is true and correct to the best of my ability.			mv	13.	Subtotal Section 1 (Line 8)					=					
			nis	14.	Subtotal Section 2 (Line 12)					=					
			to	15.	Debits					+					
the best o	i iiiy abiiity.	ly ability.			Credits					-					
x				17.	Penalty					+					
Date:				18.	Remit To State Grange					=					
							Please ched	ck w	hich	additior	nal p	arts are attached:			
						Part 2 - Member Gains									
Mail To:					Part 3 - Member Changes										
					Part 4 - Member Losses Other										
Lillian Pooth	Coorete	m. /													

Lillian Booth, Secretary California State Grange 3830 U Street Sacramento CA 95817

State Grange Use Only								
Date Rcv'd	Amount Rcv'd	Check #	Rcv'd By					