Oregon State Grange Memorial Life Membership Application

Submit <u>completed</u> application and Memorial Life Membership fee for a deceased Grange Brother or Sister to your Subordinate/Community Secretary. The minimum Memorial Life Membership fee is \$100. However, your Grange may have set the fee above this minimum amount.

Deceased Brother Sister	
First Name	Middle Initial Last Name
Deceased was a member of:	4
Subordinate Grange	Number County
Date of death:	·
Date of Obligation:	Date Welcoming Ceremony:
Date of 4 th Degree:	Date of 5 th Degree:
Date of 6 th Degree:	Date of 7 th Degree:
Did the deceased ever serve as a Delegate to the If yes, Subordinate/Community or Pomona Gran	
Is the Grange, itself, applying for the Memorial If no, please provide the following information:	Life Membership? Yes No
Name of Applicant	Mailing Address
Is the applicant a Grange member? Yes No	State Zip
•	
If yes, which Grange?	
Memorial Life Membership fee accompanying a	application \$
Membership fee, to the Oregon State Grange. The chec invested in the OSG Life Membership Trust Fund, and n	e Subordinate/Community Secretary and sent, along with the Memorial Life of the fee should be made out to the Oregon State Grange. The fee is must be invested with the OSG for a complete calendar year before it starts will be provided to you when the year-end reports are finalized.
Please send Memorial Life Membership certifica	ate: 1. Subordinate/Community Secretary 2. Applicant
* **	o purchase a Memorial Life Membership for the above-named all information listed on this form is accurate to the best of my
	Secretary, Subordinate/Community Grange
<u>For OSG office use only</u>	#
Contificate #	Grange
Certificate #	send to: Oregon State Grange 643 Union St SE
Receipt #	543 Chion 31 SE Salem OR 97301
Receipt II	503-316-0106 ~ office@orgrange.org