

**Complete Both Sides of Form**  
**Pomona Officers / Committee Chairs**

Please print clearly or type

	First & Last Name	E-mail	Address, City, State and Zip	Phone Number
Master				
Overseer				
Lecturer				
Chaplain				
Secretary				
Treasurer				
Agriculture				
Community Service/Involvement				
DAFH (Deaf Awareness/Family Health)				
Education				
GWA (Grange Worker' Activities)				
Junior				
Legislative				
Membership				
Veterans				
Youth				

**(OVER)**

----Grange Seal----

Secretary's Signature \_\_\_\_\_