

# NATIONAL GRANGE MEMBERSHIP RECOGNITION APPLICATION

This certifies that the members listed below are members of \_\_\_\_\_ Grange, number \_\_\_\_ in the County of \_\_\_\_\_ in the State of \_\_\_\_\_, and have been continuous members entitled to official recognition.

**See Reverse Side of Form for Pricing Information. Make Checks payable to the National Grange. PLEASE WRITE CLEARLY OR TYPE.**

Member's Name †	Office Use Only	Grange Name and Number	Month/Year Joined	Month/Year Demitted	Recognition Requested*

† Print or type names clearly exactly as they will appear on the award

\*eg. 50, 75, certificate, etc.

I certify the foregoing is a correct statement of membership \_\_\_\_\_ Secretary (Subordinate/Community)

Date: \_\_\_\_\_

**Mail Membership Recognition to:** (please print or type)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: _____	Oregon State Master
Date: _____	

