

# Oregon State Grange

## Memorial Life Membership Application

Submit completed 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 \_\_\_\_\_  
(Circle one) First Name Middle Initial Last Name

Deceased was a member of: \_\_\_\_\_ # \_\_\_\_\_  
Subordinate Grange Number County

Date of death: \_\_\_\_\_

Date of Obligation: \_\_\_\_\_ Date Welcoming Ceremony: \_\_\_\_\_

Date of 4<sup>th</sup> Degree: \_\_\_\_\_ Date of 5<sup>th</sup> Degree: \_\_\_\_\_

Date of 6<sup>th</sup> Degree: \_\_\_\_\_ Date of 7<sup>th</sup> Degree: \_\_\_\_\_

Did the deceased ever serve as a Delegate to the State Grange Convention? (Circle one) Yes / No  
If yes, Subordinate/Community or Pomona Grange(s) and year(s): \_\_\_\_\_

Is the Grange, itself, applying for the Memorial Life Membership? (Circle one) Yes / No  
If no, please provide the following information:

\_\_\_\_\_ Mailing Address  
Name of Applicant  
\_\_\_\_\_ City State Zip

Is the applicant a Grange member? (Circle one) Yes / No  
If yes, which Grange? \_\_\_\_\_

Memorial Life Membership fee accompanying application \$ \_\_\_\_\_

*This portion of the application is to be completed by the Subordinate/Community Secretary and sent, along with the Memorial Life Membership fee, to the Oregon State Grange. The check for the fee should be made out to the Oregon State Grange. The fee is invested in the OSG Life Membership Trust Fund, and must be invested with the OSG for a complete calendar year before it starts paying out. An annual report on your investment amount will be provided to you when the year-end reports are finalized.*

Please send Memorial Life Membership certificate (circle one): 1. Subordinate/Community Secretary  
2. Applicant

*I hereby certify that the applicant is entitled to purchase a Memorial Life Membership for the above-named deceased Brother or Sister. I also certify that all information listed on this form is accurate to the best of my knowledge.*

<p><i>For OSG office use only</i></p> <p>Certificate # _____</p> <p>Receipt # _____</p>
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\_\_\_\_\_  
Secretary, Subordinate/Community Grange # \_\_\_\_\_  
Grange  
send to: Oregon State Grange  
643 Union St SE  
Salem OR 97301  
503-316-0106 ~ office@orgrange.org