

**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
<b>Master</b>				
<b>Overseer</b>				
<b>Lecturer</b>				
<b>Chaplain</b>				
<b>Secretary</b>				
<b>Treasurer</b>				
<b>Agriculture</b>				
<b>Community Service/Involvement</b>				
<b>DAFH</b> (Deaf Awareness/Family Health)				
<b>Education</b>				
<b>GWA</b> (Grange Worker' Activities)				
<b>Junior</b>				
<b>Legislative</b>				
<b>Membership</b>				
<b>Veterans</b>				
<b>Youth</b>				

**(OVER)**

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

----Grange Seal----