

**2020 CONVENTION COMMITTEE
ASSIGNMENT PREFERENCE**

Grange Name: _____ #: _____ County: _____

- Our Grange will be represented at State Convention by the Master and one other legally-elected delegate.
- Our Grange will be represented at State Convention by legally-elected delegates.
- Our Grange will not be represented at State Session.

Please ensure that the credentials for the elected delegates are completed and the Subordinate/Community or Pomona Secretary has affixed the Grange seal. **Without properly executed credentials, they will NOT be allowed to be a delegate.** A copy of the alternate delegate credential form has been sent to all Grange Secretaries and is also available on the Oregon State Grange website.

Please indicate the order of your preference with **1** being your first choice, **2** your second choice, and **3** your third choice. **Two members of one Grange cannot be on the same committee.**

Master or First Delegate Name: _____

Phone Number: _____ Email: _____

- | | |
|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Grange Elections |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Grange Programs and Bulletin |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Progress |
| <input type="checkbox"/> Credentials | <input type="checkbox"/> Transportation & Utilities |
| <input type="checkbox"/> Education & Health | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Financial Affairs & Insurance | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Good of the Order_____ | |

Second Delegate Name: _____

Phone Number: _____ Email: _____

- | | |
|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Grange Elections |
| <input type="checkbox"/> Budget | <input type="checkbox"/> Grange Programs and Bulletin |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Legislation |
| <input type="checkbox"/> Conservation | <input type="checkbox"/> Progress |
| <input type="checkbox"/> Credentials | <input type="checkbox"/> Transportation & Utilities |
| <input type="checkbox"/> Education & Health | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Financial Affairs & Insurance | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Good of the Order_____ | |

Please return completed form in enclosed envelope
to the **State Grange Office** by
August 15