

**2026 CONVENTION COMMITTEE
ASSIGNMENT PREFERENCE**

Grange Name: _____ #: _____ County: _____

- _____ Our Grange will be represented at State Convention by the **Master/President** 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.**

President/Master or First Delegate Name: _____

Phone Number: _____ Email: _____

Delegate CAN_____ CANNOT_____ participate via Zoom (please indicate)

- | | |
|-------------------------------------|------------------------------------|
| _____ Agriculture | _____ Good of the Order |
| _____ Budget | _____ Grange Programs and Bulletin |
| _____ By-Laws | _____ Legislation |
| _____ Conservation | _____ Progress |
| _____ Credentials (meets in person) | _____ Transportation & Utilities |
| _____ Education & Health | _____ Veterans |
| _____ Financial Affairs & Insurance | _____ No Preference |

Second Delegate Name: _____

Phone Number: _____ Email: _____

Delegate CAN_____ CANNOT_____ participate via Zoom (please indicate)

- | | |
|-------------------------------------|------------------------------------|
| _____ Agriculture | _____ Good of the Order |
| _____ Budget | _____ Grange Programs and Bulletin |
| _____ By-Laws | _____ Legislation |
| _____ Conservation | _____ Progress |
| _____ Credentials (meets in person) | _____ Transportation & Utilities |
| _____ Education & Health | _____ Veterans |
| _____ Financial Affairs & Insurance | _____ No Preference |

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

May 15th