

## GRANGE NEW MEMBER REPORT

(to be completed and sent in immediately after a new member is obligated)

GRANGE NAME \_\_\_\_\_

NUMBER \_\_\_\_\_

GRANGE SECRETARY NAME \_\_\_\_\_

TELEPHONE \_(\_\_\_\_\_) \_\_\_\_\_

### NEW GRANGE MEMBERS (AGE 5 AND OLDER)

GRANGE NEWS	NAME	COMPLETE MAILING ADDRESS & ZIP	BIRTHDATE <small>(if under 24 years of age)</small>	DATE OBLIGATED	RECOMMENDED BY	TYPE OF NEW MEMBER (CHECK APPROPRIATE BOX)				
						NEW REGULAR	NEW DEMIT IN	REINSTATE LESS THAN 1 YEAR	AFFILIATE	ASSOCIATE
YES NO										
YES NO										
YES NO										
YES NO										
YES NO										
YES NO										
YES NO										

Secretary Signature \_\_\_\_\_

Date \_\_\_\_\_

Please send to the WA State Grange immediately after obligating new members: Washington State Grange, PO Box 1186, Olympia WA 98507.

A copy should also be sent to your Pomona Grange Secretary.

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