

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) Last Name First Name Initial

The deceased was a member of:

Subordinate/Community Grange _____ Grange # _____ County _____

Date of Death _____

Date of Obligation Ceremony _____ Date of Welcoming Ceremony _____

Date of 4th Degree _____ Date of 5th Degree _____ Date of 6th Degree _____

Date of 6th Degree _____ Date of 7th Degree _____

Did the deceased ever serve as a delegate to the annual Oregon State Grange Session?

Yes _____ No _____

If yes, please indicate name of Grange represented and what year or years. _____

Is the Grange, itself, applying for the Memorial Life Membership? Yes _____ No _____ If no, please provide the following information:

Name of Applicant _____

Address of Applicant _____ City _____ State _____ Zip _____

Is the applicant a Grange member? Yes _____ No _____ If yes, which Grange? _____

Memorial Life Membership fee accompanying application \$ _____ Date of purchase _____

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, 643 Union St NE, Salem OR 97301. 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. An annual report on your investment amount will be provided to you when the year-end reports are finalized.

The OSG Office will provide a Memorial Life Membership certificate and recognition card. Please circle to whom these should be sent. 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.

Secretary _____

Subordinate/Community Grange & # _____

Address _____

City, Zip _____

Affix Grange seal here
(form implemented 12/2010)