

**PLEASE COMPLETE BOTH SIDES OF FORM**

**Pomona Officers / Committee Chairs**

**If Same please mark *Same* – If Vacant please mark *Vacant*. (Please print clearly or type)**

	<b>First &amp; Last Name</b>	<b>Mailing Address, City, State &amp; Zip</b>	<b>Area Code + Phone</b>	<b>E-Mail</b>
Master Same _____ Vacant _____				
Overseer Same _____ Vacant _____				
Lecturer Same _____ Vacant _____				
Chaplain Same _____ Vacant _____				
Secretary Same _____ Vacant _____				
Agriculture Same _____ Vacant _____				
Community Service/Involvement Same _____ Vacant _____				
Deaf Awareness/Family Health Same _____ Vacant _____				
Education Same _____ Vacant _____				
Energy Same _____ Vacant _____				
GWA (Grange Worker' Activities) Same _____ Vacant _____				
Junior Same _____ Vacant _____				
Legislative Same _____ Vacant _____				
Membership Same _____ Vacant _____				
Youth Same _____ Vacant _____				
Veterans Same _____ Vacant _____				

**(OVER)**

----Grange Seal----

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