



# OREGON STATE GRANGE LIFE MEMBERSHIP APPLICATION

Submit *completed* application, Life Membership fee and one year additional dues to Subordinate/Community Secretary.

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Brother / Sister \_\_\_\_\_  
(circle one) Last Name First Middle

\_\_\_\_\_ Mailing Address Street Address (if different)

\_\_\_\_\_ City State Zip

( \_\_\_\_\_ ) Phone Number E-Mail Address Date of Birth

\_\_\_\_\_ # \_\_\_\_\_, \_\_\_\_\_  
Subordinate Grange County

Date of 4<sup>th</sup> Degree: \_\_\_\_\_ Date of 5<sup>th</sup> Degree: \_\_\_\_\_

Date of 6<sup>th</sup> Degree: \_\_\_\_\_ Date of 7<sup>th</sup> Degree: \_\_\_\_\_

Ever serve as a Delegate to the State Grange Session? (circle one) Yes / No

If yes, Subordinate/Community or Pomona Grange(s): \_\_\_\_\_

Fee accompanying this application \$ \_\_\_\_\_ Date of purchase: \_\_\_\_\_

***(Information below to be filled out by Subordinate/Community Secretary)***

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Please send certificate and card to (circle one):  
1. Subordinate/Community Secretary  
2. Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

*I hereby certify that the applicant is entitled to purchase a Life Membership in this Subordinate/Community Grange and has paid this year's current dues and next year's dues. I also certify that all the information listed on this form is accurate to the best of my knowledge.*

*(Subordinate/Community Secretary – send to Oregon State Grange Office.)*

\_\_\_\_\_  
Secretary, Subordinate/Community Grange  
# \_\_\_\_\_ - Seal -  
Grange