



FIVE MILE PRAIRIE GRANGE #905

Application for Membership

Name _____

Email _____

Address _____

Phone _____

City _____

State _____ ZIP _____

- I desire to unite with others in elevating and advancing the interest of the American family and community life, receiving in turn the benefits and advantages of those who belong to the Grange. I promise a faithful compliance with the Bylaws of this Grange and the Constitution and Bylaws of the State and National Granges. I have not previously applied for membership in this or any other Grange during the past six months.
- I am 13½ years of age or older.

Signature of Applicant _____

Date _____

Application Fee: \$10.00 + Annual Dues: \$51.00 = TOTAL: \$61.00 (per person).

Make checks payable to: *Five Mile Prairie Grange #905.*

Mail to: Five Mile Prairie Grange, PO Box 18672, Spokane WA 99228