Part 1 - Quarterly Report to the National Grange

attilitie	Grange N	ame						Gran	ge No.	Year:				
		Name of Secretary:  Mailing Address:								[ ] Check if this is a new Secretary.				
GRANGE	Mailing Ad									City, State Zip				
	Email Add	dess:					Phone No.							
Section 1 - Per C	Capita Tax													
Туре	Ralance					osses = Ending Balance			Per Capita	=	Subtotal			
1. Fraternal		+		-		=		Χ		=				
2. Golden Sheaf (b)		+		-		=								
3. Golden Sheaf (a)		+		-		=								
4. # of Famly Plans		+		-		=		Χ		=				
5. Family Members		+		1		=								
6. Associate		+		-		=		Χ		=				
7. Junior		+		-		=								
8. Total Section 1										=				
Section 2 - Sumr	mary													
Certification: By sign	ing or typing	my	name	Remit To National Grange										
below, I am certifying report is true and coability.	Please check which additional parts are attached:													
				Part 2 - Memberd Gained										
Х				Part 3 - Members Lost										
Date:				Part 4 - Roster Changes										
				Other										
To Submit y	our quarte	erly	report:											
The Nation 1616 H Stre	_	rt a	nd check to											

**2** Email the summary page along with all supporting pages to membership@nationalgrange.org

<b>9-0</b>			Part 2 M	embers G	ained								
		Grange:		Grange No.			0.	Year:	Quarter:				
2	GRANGE												
	Name: (Last, First,	MI)	Date Joined:				Occupation:						
z													
em	Street Address:		Date of Birth:	Date of Birth:									
be													
Member Gained	City, State, Zip		Phone No:				Retired:						
ain	City, State, Zip		Filone No.										
			Time Marsham (Observative)				Yes  No						
#	Gained By: (Check Application	k which applied)  Demit	Error	Type Member: (Check which applied)  Fraternal Gold Sheaf Affil				Junior 1+	Assoicate	Family			
	7.0000000	20	Reinstatment			00.00	7		-	7100010410			
	Name: (Last, First,	MI)		Date Joined:			Occup	ation:					
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oer													
ଦୁ	City, State, Zip				Phone No:				Retired:				
Member Gained									Yes	No			
t pe	Gained By: (Checl	k which applied)			Type Member: (0	Check which	applied)						
#2	Application	Demit	Reinstatment	Error	Fraternal	Gold Sh		filiate	Junior 1+	Assoicate	Family		
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_	Name: (Last, First,	MI)			Date Joined:			Occup	Occupation:				
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du	Street Address:		Date of Birth:			Email:	Email:						
er (													
Member Gained	City, State, Zip		Phone No:				Retired:	1					
nec								Yes					
1 #3	Gained By: (Check			Type Member: (Check which applied)  Fraternal Gold Sheaf Affi			eu						
l w	Application	Demit	Reinstatment	Error	Fraternal	Gold Sh	eat At	filiate	Junior 1+	Assoicate	Family		
	Name: (Last, First,	MI)		•	Date Joined:				Occupation:				
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oer													
ପୁ	City, State, Zip								Retired:				
er Gained									Yes	No			
ğ	Gained By: (Chec	k which applied)			Type Member: (0	Check which	applied)						
#4	Application	Demit	Reinstatment	Error	Fraternal	Gold Sh		filiate	Junior 1+	Assoicate	Family		
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	ivallio. (Last, FifSt,	Date Joined:			Occup	Occupation:							
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bd	Street Address:	Date of Birth:			Email:								
er (													
3ai	City, State, Zip	Phone No: Retired:				Retired:							
Member Gained						Yes	No						
d #5	Gained By: (Check		Type Member: (Check which applied)										
5	Application	Demit	Reinstatment	Error	Fraternal	Gold Sh	eaf Af	filiate	Junior 1+	Assoicate	Family		
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#	Name				Ir	Date Lost		Suspension	Demit	Withdrawal	Death	Error
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	-	Part 4 Roste	er Changes		Use p	art 4 to repo	new office			your C	range.	. LISI
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	ıth Advisc	or					+					

Junior Advisor

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7	0-0 /	Grange Name:					Gran	ge Number:	Ye	ar:	Quarter:					
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