



Part 1 - Quarterly Report to the National Grange

Grange Name:	Grange No.	Year:
Name of Secretary:	[] Check if this is a new Secretary.	Quarter:
Mailing Address:	City, State Zip	
Email Address:	Phone No.	

Section 1 - Per Capita Tax

Type	Balance Forward	+	Gains	-	Losses	=	Ending Balance	X	Per Capita	=	Subtotal
1. Fraternal		+		-		=		X		=	
2. Golden Sheaf (b)		+		-		=					
3. Golden Sheaf (a)		+		-		=					
4. # of Family Plans		+		-		=		X		=	
5. Family Members		+		-		=					
6. Associate		+		-		=		X		=	
7. Junior		+		-		=					
8. Total Section 1										=	

Section 2 - Summary

Certification: By signing or typing my name below, I am certifying that this quarterly report is true and correct to the best of my ability.

X _____

Date: _____

Remit To National Grange

Please check which additional parts are attached:

☐ Part 2 - Memberd Gained

☐ Part 3 - Members Lost

☐ Part 4 - Roster Changes

☐ Other _____

To Submit your quarterly report:

- 1 Mail the complete report and check to
The National Grange
1616 H Street NW
Washington DC, 20006
- 2 Email the summary page along with all supporting pages to
membership@nationalgrange.org

Part 2 Members Gained

Grange:	Grange No.	Year:	Quarter:

[illegible]

Member Gained #2	Name: (Last, First, MI)				Date Joined:			Occupation:											
	Street Address:				Date of Birth:			Email:											
	City, State, Zip				Phone No:			Retired:											
								<input type="checkbox"/> Yes <input type="checkbox"/> No											
Gained By: (Check which applied)				Type Member: (Check which applied)															
Application		Demit		Reinstatment		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family	

Member Gained #3	Name: (Last, First, MI)				Date Joined:			Occupation:		
	Street Address:				Date of Birth:			Email:		
	City, State, Zip				Phone No:			Retired:		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gained By: (Check which applied)				Type Member: (Check which applied)						
Application	Demit	Reinstatment	Error	Fraternal	Gold Sheaf	Affiliate	Junior 1+	Associate	Family	

Member Gained #4	Name: (Last, First, MI)				Date Joined:			Occupation:											
	Street Address:				Date of Birth:			Email:											
	City, State, Zip				Phone No:			Retired:											
								<input type="checkbox"/> Yes <input type="checkbox"/> No											
Gained By: (Check which applied)				Type Member: (Check which applied)															
Application		Demit		Reinstatment		Error		Fraternal		Gold Sheaf		Affiliate		Junior 1+		Associate		Family	

Member Gained #5	Name: (Last, First, MI)				Date Joined:		Occupation:			
	Street Address:				Date of Birth:		Email:			
	City, State, Zip				Phone No:		Retired:			
							<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Gained By: (Check which applied)				Type Member: (Check which applied)					
Application	Demit	Reinstatement	Error	Fraternal	Gold Sheaf	Affiliate	Junior 1+	Associate	Family	



Part 3 Member's Lost

Use part 3 to record members lost from your Grange

Year:

Quarter:

Reason Lost

Grange Name:			Grange Number:		Suspension	Demit	Withdrawal	Death	Error
#	Name	Date Lost							
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Part 4 Roster Changes

Use part 4 to report any roster changes for your Grange. List new officer(s) below.

Position	Name	Email
Master		
Overseer		
Lecturer		
Steward		
Asst. Steward		
Lady Asst. Steward		
Chaplain		
Treasurer		
Secretary		
Gatekeeper		
Ceres		
Pomona		
Flora		
Executive Comm. 1		
Executive Comm. 2		
Executive Comm. 3		
Musican		
Legislative		
Youth Advisor		
Junior Advisor		



Member Information Changes

Grange Name:	Grange Number:	Year:	Quarter:

Change # 1

Name (As shown on Grange Records):		Change Name To:			
New Street Address:	New City:	State:	Zip Code:	Date of Joined:	
Phone #:	Email:	Date of Birth:			
Occupation:	Retired:	Change to Membership Type To:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fraternal (Individual)	Gold Sheaf	Family Plan	Affiliate

Change # 2

Name (As shown on Grange Records):		Change Name To:			
New Street Address:	New City:	State:	Zip Code:	Date of Joined:	
Phone #:	Email:	Date of Birth:			
Occupation:	Retired:	Change to Membership Type To:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fraternal (Individual)	Gold Sheaf	Family Plan	Affiliate

Change # 3

Name (As shown on Grange Records):		Change Name To:			
New Street Address:	New City:	State:	Zip Code:	Date of Joined:	
Phone #:	Email:	Date of Birth:			
Occupation:	Retired:	Change to Membership Type To:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fraternal (Individual)	Gold Sheaf	Family Plan	Affiliate

Change # 4

Name (As shown on Grange Records):		Change Name To:			
New Street Address:	New City:	State:	Zip Code:	Date of Joined:	
Phone #:	Email:	Date of Birth:			
Occupation:	Retired:	Change to Membership Type To:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fraternal (Individual)	Gold Sheaf	Family Plan	Affiliate

Change # 5

Name (As shown on Grange Records):		Change Name To:			
New Street Address:	New City:	State:	Zip Code:	Date of Joined:	
Phone #:	Email:	Date of Birth:			
Occupation:	Retired:	Change to Membership Type To:			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fraternal (Individual)	Gold Sheaf	Family Plan	Affiliate