



Application for Individual Subordinate Grange Membership

To the officers and members of Mt. Hamilton Grange No. 469,

I _____ respectfully petition to be initiated and enrolled as
(Please Print Your Full Name)

a member in your Grange. In presenting this application, I am influenced by no motive other than a desire to unite with others in elevating and advancing the interest of my community through the principles of the Grange and receiving in return such benefits and advantages as may accrue to all who belong to the Grange. I promise a faithful compliance with the By-Laws of this Grange, the By-Laws of the State Grange of California and the Constitution and By-Laws of the National Grange. I have not applied for and been rejected for membership in any other Grange within the past six months.

Signature: _____ Date Signed: _____

Application Fee/Annual Dues \$50

Recommended by 1: _____ 2: _____

This Section must be completed by Applicant			
Street Address:	City	State	Zip Code
Date of Birth:	Phone Number ()	Email Address	
Occupation (if retired, please list occupation you retired from)			Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No
This Section for use by Subordinate Secretary Only			
Application Received On:	Application Voted On:	Applicant Obligated On:	
Application Fee Received On:	Amount of App Fee Rcv'd: \$	Dues Received On:	Amount of Dues Rcv'd: \$
Type of Membership: <input type="checkbox"/> Fraternal <input type="checkbox"/> Affiliate	Gained By: <input type="checkbox"/> Application <input type="checkbox"/> Demit	If gain be Demit or if Affiliate, list home Grange	
Reported to State Grange: <input type="checkbox"/> Q1 <input type="checkbox"/> Q2 <input type="checkbox"/> Q3 <input type="checkbox"/> Q4 of 20_____			
This Section for use by State Secretary Only			
Application Received On:	Enrolled On This Date:	Member Number Assigned:	