Family Application for Grange Membership

To th	ne officers and membe	rs of	the Humboldt						Grange No. 501					
We the				family respectfully petition						be i	nitiated and	enrolled		
as a unite recei faithf Cons any c	member in your Grange with others in elevating in return such below the compliance with the stitution and By-Laws of ther Grange within the fication fee \$	ge. In progeries and an efits an efits an efits an efits an efits and fits an efit and efits an efit and efits an efit and efits and efits and efits and efits an efit and efits and efit and efits and efit and efits and efit and efits and efit and efit and efits and efit and efficient efit and efficient effic	resendvand dvand d adv s of tationa x mo	iting cing vanta this (al Gra nths	this application the interest of ages as may Grange, the Eange. We have	on, V f my accr By-La	Ve are in commur ue to all v aws of the ot applied	fluenced nity throug who belor e State G d for and	by no gh the ng to range been	o mo e prii the (e of (n reje	tive other that nciples of the Grange. We California an ected for men	an a desire e Grange a e promise a d the	and a	
	ommended by 1:						. a.i.i., / a.i.i.aa. 2 a e e							
	This Section to be completed for each person applying for membership													
#					Date of Birtl		Sex		Signature of Applicant					
1														
2														
3														
4														
5														
6														
List Occupations for each person above														
1				3					5					
2				4					6					
Stree	t Address:		Email Address (Print)											
City			e Zip Code			Phone Number								
		Th	nis Se	ectio	on for use by	Gra	nge Sec	retary O	nlv					
Application Received On: (MM/DD/YY)							ed On: (MM/DD/YY)			Applicant Obligated On: (MM/DD/YY				
App Fee Received On: Amount of				App Fee Rcv'd:			Dues Received C			n: Amount of Dues R			: 60	
\$											\$		Fam-2	
-				Affili	iate, list home C	irange		Reporte			ed to State Grange:		Type	
[] Fraternal [] Affiliate							[]Q1 []Q2			Q2 [] Q3 [] Q4 of 20		.0	
	This Sec	tion for	use	by S	State Secreta	ry O	nly (Mer	nber Nu	mber	s As	ssigned)		Applicat	
Family Membership # Assigned #1				1			#3			Ī	#5			
		#2				#4				#6				