

NATIONAL GRANGE MEMBERSHIP RECOGNITION APPLICATION

This certifies that the members listed below are members of _____ Grange, number _____ in the County of _____ in the state of _____, and have been continuous members entitled to official recognition by the National Grange.

See Reverse Side of Form For Pricing Information. Make checks payable to the National Grange, **PLEASE WRITE CLEARLY OR TYPE.**

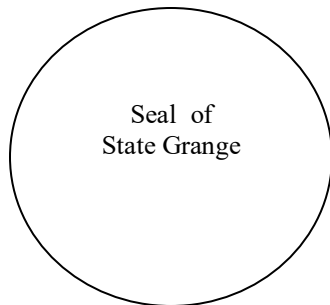
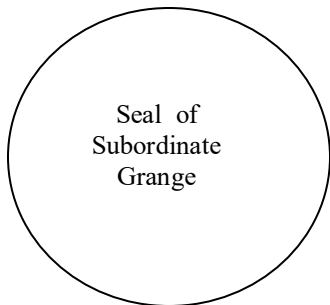
Members Name+	Address	Grange Name and Number	Month/Year Joined	Month/Year Demitted	Recognition Required

- **Print names clearly exactly as they will appear on the award** ***eg. 25, 50, 75, seal certificates, etc.**

I certify the foregoing is a correct statement of members _____ Secretary, (Subordinate)

Date: _____

MAIL MEMBERSHIP RECOGNITION TO: (please print or type)



Signed: _____, Secretary (State)

Date: _____