Grange Member Information Updates (Please print clearly.)

Grange Name & No._____County_____Quarter:____1st____2nd____3rd____4th

NEW Members (excluding Family Plan, Youth or Associate members - list below) ***(Please send along a copy of the new member application)***

Name	Birthdate	New	Demit	Reinstated	Address (Street, City, State, Zip & Phone No.)	Email

NEW Family Plan Members (Please list all Family Members)

Name	Birthdate	New	Demit	Reinstated	Address (Street, City, State, Zip & Phone No.)	Email

NEW Youth Members (DO NOT include Family Plan Members listed above)

Name	Birthdate	New	Demit	Reinstated	Address (Street, City, State, Zip & Phone No.)	Email

NEW Associate Members

Name	Birthdate	New	Demit	Reinstated	Address (Street, City, State, Zip & Phone No.)	Email

Address or Name Change

Member #	Name	NEW Address (Street, City, State, Zip & Phone No.)

Members Lost

Member #	Name	Non-Pay	Death	Demit	Lifetime	Member #	Name	Non-Pay	Death	Demit	Lifetime