

2018 PA State Grange Quarterly Report

Please read the enclosed instruction sheet (orange) prior to completing the quarterly reports.

Grange Name & No. _____

Quarter: <u> </u> 1st <u> </u> 2nd <u> </u> 3rd <u> </u> 4th
Due: Apr 30 July 31 Oct 31 Jan 31

- 1 _____ Number of **INDIVIDUAL** members **(Do NOT include Junior members.)**
(PLEASE SEE INSTRUCTIONS SO YOU START WITH THE RIGHT NUMBER)
- 2 _____ Number of **Members lost** (list names on information sheet)
- 3 _____ Number of **Members received** by demit or reinstatement
- 4 _____ **Number of INDIVIDUAL members X \$11.00 each** + \$
(line 1 - line 2 + line 3) DO NOT INCLUDE FAMILY PLAN MEMBERS
- 5 _____ Number of **NEW members initiated** X \$5.00 each + \$
- 6 _____ **Total individual members** (Line 4 + Line 5) (does not include family plan)
- 7 _____ Number of **Family Plans** reported last quarter
- 8 _____ Number of **Family Plans lost/dropped**
- 9 _____ **Total Number of Family Plans** (line 7 - line 8) X \$22.00 each + \$
- 10 _____ Number of **Individual Members** included in Line 9 Family Plans
- 11 _____ Number of **NEW Family Plans** initiated X \$10.00 each + \$
- 12 _____ Number of individual members included in Line 11 (New) Family Plans
- 13 _____ Total individual Family Plan Members (Line 10 + Line 12)
- 14 _____ Total Members (Line 6 + Line 13) **(Do NOT include Junior members.)**
- 15 _____ Number of **Associate Members X \$11.00 each** + \$
(DO NOT include in membership numbers above.)
- 16 _____ Number of **Pre-2001 Golden Sheaf Members X \$3.50 each** (subtract) - \$
(DO NOT include Lifetime Members)
- 17 _____ Number of **Lifetime Members X \$11.00 each** (subtract) - \$
- 18 _____ Number of **Youth Members X \$7.50** (subtract) - \$
NOT included in Family Plans
- 19 _____ Number of **Junior Members X 1.00 (1st Quarter ONLY)** + \$

Jr. Grange Name & No. _____

20 Officers Bond (See Chart) (3rd Quarter ONLY) For coverage over \$100,000 call the State Office.	<table border="1" style="font-size: 8px; border-collapse: collapse;"> <thead> <tr> <th>Coverage</th> <th>Cost</th> <th>Coverage</th> <th>Cost</th> <th>Coverage</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>\$5,000</td> <td>\$50</td> <td>\$15,000</td> <td>\$77</td> <td>\$50,000</td> <td>\$136</td> </tr> <tr> <td>\$7,500</td> <td>\$59</td> <td>\$25,000</td> <td>\$99</td> <td>\$75,000</td> <td>\$168</td> </tr> <tr> <td>\$10,000</td> <td>\$67</td> <td>\$30,000</td> <td>\$106</td> <td>\$100,000</td> <td>\$189</td> </tr> <tr> <td>\$12,500</td> <td>\$72</td> <td>\$40,000</td> <td>\$121</td> <td></td> <td></td> </tr> </tbody> </table>	Coverage	Cost	Coverage	Cost	Coverage	Cost	\$5,000	\$50	\$15,000	\$77	\$50,000	\$136	\$7,500	\$59	\$25,000	\$99	\$75,000	\$168	\$10,000	\$67	\$30,000	\$106	\$100,000	\$189	\$12,500	\$72	\$40,000	\$121			X \$1.00 (Member # from LINE 14)	+ \$
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21 National Convention Hosting Assessment **(DUE 1st quarter)** _____ X \$1.00 + \$
(Mandatory Assessment of \$1 per member per year.) (Member # from LINE 14)

22 Adjustments (credit or debit from previous quarter) +/- \$

23 TOTAL ENCLOSED **\$**

- 24 _____ Number of Post-2001 Golden Sheaf Members
- 25 _____ Number of Affiliate Members included in total membership # listed above

Master Signature _____
 Secretary Signature _____
 Address _____
 Telephone _____

Make check payable to the PA State Grange
 Address: 20 Erford Road Suite 216, Lemoyne PA 17043